



**RURAL WORKFORCE
AGENCY VICTORIA**

2020-21 ANNUAL REPORT



RWAV
RURAL WORKFORCE
AGENCY VICTORIA

A note of appreciation to health care teams in Victoria

Rural Workforce Agency Victoria acknowledges the work of rural, regional and Aboriginal health care professionals throughout Victoria for the way they have adapted to the ongoing pandemic. We recognise that clinics and services have had to constantly innovate and change the way they have worked in order to respond to the ongoing challenges of the last 18 months. RWAV applauds them for their commitment to continuing to deliver quality care despite the challenges presented by the pandemic.

Thank you.

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RWAV acknowledges the Traditional Owners of Country throughout Victoria. We pay our respects to Elders, past, present and emerging.

OUR VISION

**Health equity for rural,
regional and Aboriginal
Victorians.**

OUR MISSION

**To apply contemporary
workforce development
strategies that advance
rural, regional and
Aboriginal Victorians'
access to high-quality
health care.**

OUR VALUES

**Respect, Accountability,
Collaboration, Innovation
and Courage.**

WHAT WE DO

Rural Workforce Agency Victoria (RWAV) is a not-for-profit, government funded organisation improving health care for rural, regional and Aboriginal communities in Victoria.



RWAV provides a range of activities and support to improve the recruitment and retention of health professionals to rural and regional Victoria.

RWAV creates sustainable health workforce models that support Victoria's rural, regional and Aboriginal communities. We draw on trusted relationships, data and best practices to establish models that are capable, connected and tailored to the communities we serve.

OUR FUNDING PARTNERS



Australian Government
Department of Health



RWAV BOARD 2021

Adjunct Associate Professor Morton Rawlin

Chair from 20 November 2020

Suni Campbell

Director from 20 November 2020

Roger Chao

Director and Chair of Audit and Risk Committee from 20 November 2020

Dr Suzanne George

Director

Dr Thilepan Naren

Director from 20 November 2020

Associate Professor Grant Phelps

Director

Jane Poletti

Director

Dr Yousuf H. Ahmad

Chair to 20 November 2020

Anthony Graham

Director to 20 November 2020

Riwka Hagen

Director to 20 November 2020

Danielle Walker

Director to 15 February 2021



THE RWAV APPROACH

There are three core pillars that underpin the work carried out by RWAV:



BUSINESS EXCELLENCE

- Demonstrate governance and administrative processes that enable the attainment of strategic priorities
- Invest in our people and systems
- Enhance our service model through customer feedback
- Improve the efficiency and effectiveness of RWAV services



SERVICE DEVELOPMENT

- Provide contemporary services that are relevant, required and meet the needs of our stakeholders and service users
- Design and test innovative models to enhance patient access to the rural health workforce including:
 - specialist in-reach and telehealth solutions
 - methodologies to connect providers across primary and secondary care
 - technological innovation to support rural health care practices and professionals
 - engaging with stakeholders to develop bespoke solutions for communities identified as a 'hot-spot' for three consecutive years
- Ensure all RWAV services are underpinned by population health data and workforce data



ENGAGEMENT AND ADVOCACY

- Define and promulgate a consistent message about RWAV's services and what distinguishes us
- Systematically strengthen our relationships with relevant stakeholders to deliver sustainable health workforce solutions
- Influence policy positions that improve access to health care for rural and Aboriginal and Torres Strait Islander communities

MESSAGE FROM THE CHAIR, MORTON RAWLIN



The past 18 months have been particularly challenging for our regional Victorian communities as the ongoing COVID-19 pandemic has impacted all aspects of life, especially health care. Domestic border closures and travel restrictions have placed an extra burden on the regional workforce, with GP locums, outreach service providers and students unable to fulfil placements in many cases. Regional clinics have also had to continue adapting to innovative ways of delivering care, such as telehealth. The closure of Australia's international borders has dramatically impacted the recruitment of international medical graduates.

RWAV, of course, has had to be agile and responsive, continuing to look at alternative measures to ensure that communities are supported regarding their health workforce needs. The relevance of RWAV and the important role we play in improving health care access for regional Victoria has been highlighted during the pandemic. With greater pressure and demand on the sector, the ability for us to provide GP locums, outreach services and recruit GPs, nurses and allied health professionals has allowed health care staff to take a break or obtain necessary additional resources. Most importantly, we have been able to ensure communities have access to care as needed.

In many cases, this has meant working with our interstate colleagues and the rural Primary Health Networks (PHNs) to look at innovative ways to ensure regional Victorians continue to have access to high quality care close to home. The RWAV team is to be commended for the work they have undertaken with our partners, including the Department of Health, The Victorian Department of Health, rural and regional practices, Aboriginal Community Controlled Health Organisations (ACCOs), and outreach service providers. It has been a tremendous effort.

RWAV has continued to provide exam support for GPs through grants and workshops specifically for doctors on 3GA programs administered by RWAV. We are also continuing to provide individualised learning plans and program support to these GPs. The grants program has supported hundreds of health

care professionals to continue to be upskilled to meet the needs of their community. This includes the delivery of Cultural Safety Training to medical, nursing and allied health providers, including front-of-house staff to support health services to be a safe place for Aboriginal and Torres Strait Islander People.

RWAV is committed to ensuring there is a pipeline of future health professionals for regional and rural Victoria. With the ceasing of the John Flynn Placement Program announced in the Federal Budget, RWAV continues to work with students and university Rural Health Clubs to look at opportunities for student rural immersion experiences in regional Victoria. Our Future Workforce team is also exploring other opportunities for students and early career professionals to provide them with a taste of rural health careers.

I would like to acknowledge the work of Dr Yousuf Ahmad, who retired as RWAV Chair at the AGM in November 2020. In his final term, Dr Ahmad guided RWAV through the extraordinary challenges presented by the summer bushfires of 2019 and the COVID-19 pandemic. On behalf of the RWAV Board I thank Dr Ahmad for his dedicated service and wish him all the best for his next chapter. We also welcomed a number of new members to the RWAV Board, and I extend my formal welcome to Dr Thileepan Naren, Ms Suni Campbell, and Mr Roger Chao.

I would also like to acknowledge the work of RWAV CEO Trevor Carr and his team for their continued dedication and commitment this year. The obstacles posed by the pandemic have, of course, made our work more difficult, but as highlighted by this annual report, the achievements are testament to their commitment and dedication to our vision of health equity for rural, regional and Aboriginal Victorians.



Adjunct Associate Professor Morton Rawlin AM
Chair, Rural Workforce Agency Victoria

MESSAGE FROM THE CEO, TREVOR CARR



If we thought 2020 was a year that would go down in history as one of our most challenging years, what can we say about 2021? With the ongoing COVID-19 pandemic, 2021 continued to present a range of workforce obstacles for rural and regional Victoria. Of key concern were travel restrictions and border closures, which led to pressure on the availability of GP locums, students undertaking placements and health professionals looking to relocate (particularly overseas-based candidates).

RWAV has continued to work closely with the Commonwealth Department of Health, The Victorian Department of Health, workforce agencies across Australia and the PHNs in rural Victoria as we continue to implement solutions to workforce challenges. This is particularly important in border areas where residents rely on medical services across the border, and where access to these services has been impacted by border closures.

In spite of the pandemic, it has been an exciting year for RWAV with a number of innovative projects underway. Firstly, RWAV has commenced our reconciliation journey with work on our Reconciliation Action Plan. This has been a collaborative effort of all staff and underpins our commitment to reconciliation and achieving health equity for rural, regional and Aboriginal and Torres Strait Islander Victorians.

Another important project is the development of our new clinical governance framework. This framework articulates the systems and processes RWAV has in place to ensure we can support health professionals and health services to provide safe and effective client centred service. Throughout the year we also launched our five key advocacy priorities (outlined in the following pages). These reaffirm our commitment to timely access to healthcare in rural Victoria and outline how we will achieve our advocacy goals.

We have continued to prioritise engagement with partner agencies to identify opportunities for collaboration to address workforce challenges. We continued our engagement with the three rural Victorian PHNs and welcomed their presentation to our board on the health workforce challenges facing regional Victoria. This valuable discussion indicated many opportunities for further collaboration. We also had ongoing engagement with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on how we can close

the healthcare gap for our Aboriginal and Torres Strait Islander Communities. Important meetings with organisations representing general practice education and training have strengthened our support of GPs working in rural Victoria.

The pandemic also led to a number of innovations being implemented. One of these is the new RWAV Doctors in Training Stakeholder Group which will advise us how best to support GPs on the Rural Locum Relief Program (RLRP) and the More Doctors for Rural Australia Program (MDRAP). Our recruitment team has implemented new approaches that enable us to improve the candidate experience and enhance the support we deliver to primary health service providers throughout Victoria.

We have also had an increased focus on supporting allied health professionals, including the development of an allied health strategic plan and a New Service Grant to support increased allied health services for priority locations and disciplines. In line with our objective to provide improved customer experience, we also streamlined the MDRAP application process. A new telephone Interactive Voice Response prompt system was also introduced to help streamline the experience for callers phoning RWAV.

I would like to acknowledge the hard work and dedication of all rural and regional Victorian health professionals during the pandemic. In times like these, the value of being able to access quality care close to home really comes to the fore. I'd also like to recognise the work of our outreach service providers, who, despite the pandemic and lockdowns, have continued to deliver their services to many communities in regional and rural Victoria. Most importantly, I'd also like to acknowledge the RWAV team who have continued to deliver consistent service despite the ongoing challenges presented by the pandemic.

A stylized, handwritten signature in dark ink, consisting of a large loop followed by a horizontal stroke and a small upward flick.

Trevor Carr
CEO, Rural Workforce Agency Victoria



**OUR COMMITMENT TO
BUSINESS
EXCELLENCE**

OUR INNOVATIVE APPROACH

At RWAV, innovation is an integral part of who we are and what we do, and we are continually looking for new ways to improve our service. Over the past year, we have implemented a number of innovative projects and programs to enhance our offerings.

These include:

Allied Health Support

We have increased our focus on supporting allied health professionals across rural Victoria. New allied health initiatives have included the development of an allied health strategic plan, the employment of an Allied Health Project Officer and an Allied Health New Service Grant. These initiatives will help get more allied health services to priority locations for priority disciplines. The new grant saw a significant number of high-quality applications.

New Stakeholder Group

A number of innovations have been implemented as a result of the ongoing pandemic. These include the launch of a new RWAV Doctors in Training Stakeholder Group, which will advise RWAV on how best to support non-specialist GPs on the Rural Locum Relief Program (RLRP) and the More Doctors for Rural Australia Program (MDRAP). Membership includes doctors on both MDRAP and RLRP, practice staff, practice principals and supervisors. We look forward to seeing what advice this group will put forward to assist us in supporting participants on both programs.

New Customer System

RWAV has implemented a new customer relationship management (CRM) system which allows us to better serve our candidates and practices who want to recruit health professionals. This has improved our ability to create a stronger candidate pipeline and talent pool to help us to proactively search for GP, GP locum, nursing and allied health candidates. RWAV is utilising data captured from practice and GP locum surveys to support doctors who are thinking of retiring in the next one to three years. A number of recruitment grants were implemented during the year including the 'refer a friend reward bonus' and the new locum incentive grant to attract more GPs into locum roles.

Other Initiatives

- An enhanced focus on the future workforce, with a new Future Workforce Strategy being developed to enhance engagement with student organisations and students
- Streamlined applications for MDRAP with the development of a new online process underway
- The introduction of the new Outreach online portal to enhance the customer experience for outreach service providers, contract holders and host locations
- Introduced a new telephone Interactive Voice Response prompt system to enhance the caller experience for RWAV customers, with automated prompts enabling callers to reach the required team quickly the first time
- The MyRWAV portal was upgraded to improve the experience for grant applicants.

RWAV partners with RACGP to give health professionals access to essential training

RWAV was delighted to partner with RACGP Victoria to support up to 200 rural Victorian GPs to access training to improve patient access to mental health services in regional Victoria.

“The funding allowed up to 200 RACGP members to become Medicare registered Focused Psychological Service providers.”

This innovative online program allowed GPs who successfully completed the training to provide Focused Psychological Strategies (FPS) and Cognitive Behaviour Therapy (CBT) – derived counselling to patients.

This is particularly important for many regional Victorian communities where there is limited access to mental health professionals. People living in regional areas may face different challenges to people living in the city, and access to services may be some distance away or more costly than those in the city.

Given the ongoing pandemic, access to mental health care is more important than ever, and RWAV was delighted to support this initiative.

The RACGP partnership was made possible with funding RWAV receives from the Australian Government, through the Health Workforce Scholarship Program.



SUPPORTING RECONCILIATION

RWAV's vision for reconciliation is equitable access to health care for Aboriginal and Torres Strait Islander People in Victoria. RWAV commits to supporting an effective health workforce that provides culturally safe, high quality health care for Aboriginal and Torres Strait Islander communities. We seek to achieve this through our role in managing rural outreach programs, recruitment of health professionals for rural Victoria and health workforce support programs that make a difference to rural communities.

Our Reconciliation Action Plan (RAP) aligns with our new Advocacy Priorities, which highlights that 'All people living in country Victoria deserve access to affordable health care to support their physical, mental and social well-being. Aboriginal and Torres Strait Islander people should feel confident they will receive health care that is culturally safe, free of barriers, and respectful of their values.'

As we continue on our reconciliation journey, we will strengthen our strategic partnerships within Aboriginal and Torres Strait Islander communities. This will support RWAV's work towards continually improving its services so that Aboriginal and Torres Strait Islander Peoples feel confident that they will receive health care that is culturally safe, free of barriers, and respectful of their values.

New RAP Grant

For the first time we also offered a RAP grant for allied health services and GP practices to support them in developing their own RAP. This grant provides funding to private practices in regional Victoria to support the development of their Reconciliation Action Plan and engagement with local Aboriginal communities to improve business practices.

Partnerships

RWAV continues work in partnership engaging with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), to provide recruitment support and share available health professionals who are interested in working in Aboriginal Community Controlled Health Organisations (ACCHOs).

Outreach

VACCHO and RWAV have continued to collaborate on key initiatives to support ACCHOs delivering Outreach services across regional and rural Victoria. Key initiatives include strengthening

eye and ear referral pathways for Aboriginal and Torres Strait Islander Peoples. In 2021 VACCHO and RWAV supported the delivery of the Eye Health Pathways project in conjunction with Primary Health Networks and Australian College of Optometry. VACCHO and RWAV are also working together to support the piloting of Ear, Nose and Throat (ENT) telehealth services for Aboriginal communities in the south west and north west regions of Victoria, where local access is limited. Collaboratively, VACCHO and the RWAV team continue to advocate to peak bodies for eye and ear health for improved access for Aboriginal and Torres Strait Islander communities.

Recruitment Activities

Working with Aboriginal and Torres Strait Islander communities throughout 2021, RWAV has engaged in regular collaborative meetings for advice and guidance around the needs of ACCHOs around Victoria and their individual requirements. With a focus on placing candidates where possible with significant experience in Aboriginal health, we also offer cultural safety training to our successful candidates.

“Three candidates were placed in Aboriginal Community Controlled Health Organisations. RWAV also supplied 26 ACCHOs with locum doctors, who undertook 489 locum sessions. With ongoing communication we continue to improve and build upon our established relationships Victoria wide.”

Cultural Safety Training

In collaboration with VACCHO, RWAV has continued to host the Introduction to Aboriginal Cultural Safety workshops for health professionals to expand their cultural awareness and create strategies for cultural sensitivity in practice. There were 14 sessions held online, with 166 participants taking part (including 34 RWAV contracted outreach providers). All sessions were delivered by experienced Aboriginal and Torres Strait Islander facilitators.

IMPROVING OUR CUSTOMER EXPERIENCE

Work on an RWAV Customer Experience Strategy commenced during 2021.

Customer Experience (also known as CX) is the interactions and experiences customers have with RWAV throughout their entire customer journey. Better understanding the customer experience is vital to ensuring an optimal customer journey.

The CX Strategy is incorporating a range of staff and customer interviews and surveys to develop a benchmark of customer insights, and examine the customer journey to pinpoint areas of opportunity. RWAV is using the results of the CX Strategy to improve our processes and ensure optimal customer experience for our customers.

The strategy will provide RWAV with customer satisfaction benchmarking as well as customer insights via surveys, focus groups and customer interviews. It will also incorporate a comprehensive review of the customer journey, allowing RWAV to tailor solutions to enhance customer interactions.

The Customer Experience Strategy is expected to be completed in early 2022.

OUR PEOPLE AND CULTURE

RWAV acknowledges the commitment and dedication of our team who have shown great resilience and compassion as they adapted to working from home and implemented new technology and innovative ways of engaging rural health professionals.

- As on 30 September 2021, we have 39 full-time employees.
- Women occupy 60% of Leadership roles and 43% of Board positions.
- We invested \$45,000 in professional development during 2020/2021.





**ENHANCING OUR
SERVICE
DEVELOPMENT
TO BENEFIT RURAL
COMMUNITIES**

RECRUITMENT HIGHLIGHTS

RWAV has an unwavering commitment to recruit health professionals to work in primary care in rural, regional and Aboriginal communities throughout Victoria. Our team works with medical, nursing and allied health candidates to find the right person for the right role.



28
GP
PLACEMENTS



122
GP LOCUM
PLACEMENTS



11
NURSING
PLACEMENTS



39
ALLIED HEALTH
PLACEMENTS

FILLING IN GAPS AND GIVING DOCTORS A BREAK

Dr Claire Cupitt is a country GP living near the regional city of Goulburn, half way between Sydney and Canberra. Having worked in the country for most of her career, when the time came to slow down, Dr Cupitt made the decision to continue providing locum support to country practices in short supply of doctors.

Dr Cupitt came across RWAV's Specialist GP Locum Program six years ago and has frequented communities in North Eastern Victoria as a locum GP ever since. The program has taken her to the towns of Beechworth, Omeo, Corryong and Tallangatta.

"I struggled all those years desperately needing more doctors as a country GP, and I just feel like I should help out while I can. That's why I do it," Dr Cupitt says.

"Lots of semi-retired doctors are doing it, like I do. We've got a lot of experience and we have a lot to offer. Filling in gaps and giving doctors a break, that's my main aim."

With young grandchildren, Dr Cupitt opts for placements no longer than four weeks at a time, although in total she is away for half a year providing locum services. Dr Cupitt brings a slice of home with her on each placement, in the form of her two horses – Echo and Milo.

"I actually take my horses with me every place I go for my mental health and exercise. Wherever I go, the town has to provide me with a paddock or somewhere to put the horse. Which is an added challenge for them.

"But what I've found is within a few days, somebody in the community really opens up very generously and says I've actually got something that could be suitable for you. They listen to what I'm saying and so far, it's always turned out alright.

“ I struggled all those years desperately needing more doctors as a country GP, and I just feel like I should help out while I can. That's why I do it ”

Dr Clair Cupitt
GP Locum

When she's not on the road, Dr Cupitt spends her time between baby-sitting and teaching commitments and part-time GP work in Goulburn.

"When I'm home, I just do some local work in Goulburn. I try to limit that to one or two days a week because I've always got jobs and babysitting to do. I also have a teaching program which takes up a fair bit of my time. I'm involved with teaching remote registrars with RVTS, and that involves two workshops a year, plus visits to my registrars and a variety of other things."



IMPROVING HEALTH CARE ACCESS FOR REGIONAL VICTORIA

RWAV's core aim is to improve access to quality, affordable health care for all rural, regional and Aboriginal and Torres Strait Islander communities in Victoria. We do this by working collaboratively with practices to identify vacancies and providing a no-fee end-to-end recruitment service. Our team also works closely with the sector to identify strategies to attract, retain and support health professionals working in rural and remote Victorian locations.

In order to encourage the relocation and retention of health professionals to regional Victoria, we administer a range of grants and subsidies, promote professional development opportunities, bursaries and scholarships to enhance the skills of the workforce.

During 2020/2021, RWAV placed 28 doctors (via end-to-end recruitment), 11 nurses and 39 allied health professionals into permanent roles.

Roles Placed (by location)

MMM**	GPs	GP Locums	Nursing and allied health
2	9	6	10
3	6	8	8 (inc. 2 ACCHOs*)
4	4	24	17 (inc. 1 ACCHO*)
5	9	84	15
6	0	0	0
Total	28	122	50

*ACCHOs - Aboriginal Community Controlled Health Organisations

**MMM - Modified Monash Model, categorises locations as urban, regional or remote

Due to overseas travel restrictions and domestic border closures, RWAV has seen a significant decrease in the number of GPs looking for work in rural and regional Victoria. However, we did see a rise in the use of telehealth since the COVID-19 pandemic began in 2020. The impact of COVID-19 also resulted in GP education being suspended or postponed (including existing practitioners studying for their specialty exams) which also impacted candidate supply.

Permanent Roles Placed

Role	Number
GPs	28
Nursing	11
Occupational Therapy	8
Physiotherapy	15
Podiatry	1
Psychologist	5
Social Worker	2
Speech Pathology	7
Dentistry	1

GP Locum Program

Number of locums who worked in 20/21	50
Number of placements	122
Number of sessions worked in 20/21	2,552
Number of VMO or afterhours services	70
Number of ACCHOs* receiving locum doctors	26
Number of locum sessions undertaken at ACCHOs*	489
Number of new practices who used the locum program in 20/21	6
Number of new locums who registered and completed a placement in 20/21	15
Subsidies allocated	63

PHYSIOTHERAPIST SHANE BISHOP MAKES THE MOVE TO REGIONAL VICTORIA

When you are sitting on a rickety tram during peak hour, your personal space a distant memory and your sense of smell working overtime – it's strange to think some people don't covet this way of life.

"I've always not been a city person," says Warragul physiotherapist Shane Bishop, "I don't like the fast way of life, it's all too business minded."

Shane grew up on the Mornington Peninsula, studied on the Gold Coast, and now finds himself working in the Gippsland town of Warragul as a physiotherapist. He tried a stint in the city before doubling down on the fact it was just not his preferred way of life.

When asked what makes the country so alluring, Shane replied, "Out here you aren't A physio, you are The physio. Working for a city team is more about people just coming in and wanting a rub down. In the country, it is people looking for advice so they can take care of themselves – they aren't afraid to ask for help and they really appreciate it. They come to the clinic with open minds and are happy with even the smallest amount of help that you can give them."

Shane's path crossed with RWAV when he decided he wanted to relocate to rural Victoria from Queensland's Gold Coast in January 2021. Life became less about quantity and more about quality, and since then he really has been absorbed into the Warragul community. It wasn't long before Shane had joined the local running group, next he was featured in the local paper about his running, before finally the club asked if he could use his expertise and experience to help with the club's warm ups. "They definitely see each other as a resource for the community. It's a real sense of mateship and camaraderie."

Shane had this to say to anyone thinking about going rural, "Go for it. There is a real focus on quality of life out here, and the community looks after you while you are looking after them. Community isn't just a buzzword here."

“Out here you aren't A physio, you are The physio.”

Shane Bishop
Physiotherapist, Warragul



ENHANCING ACCESS TO HEALTH PROFESSIONALS THROUGH OUTREACH

RWAV's outreach services utilise health workers and practitioners from (generally) metropolitan Melbourne to provide services to regional Victorian communities that need their services the most. Outreach involves a health practitioner travelling to a regional area regularly, such as weekly or monthly, to provide the community with access to services they might not otherwise have access to.

During 2020-21, RWAV were the fund holders for nine Commonwealth Government funded outreach programs. These programs provided outreach services to rural, regional and Aboriginal and Torres Strait Islander Communities across Victoria and aimed to increase access to maternal and paediatric care, mental health, chronic disease management and ear and eye health care for communities in rural and regional Victoria.

RWAV's outreach programs enable rural, regional and Aboriginal and Torres Strait Islander communities to access health professionals in areas where local service providers have not been sustained.

RWAV's outreach programs include:

- Rural Health Outreach Fund (RHOF)
- Medical Outreach Indigenous Chronic Disease Program (MOICDP)
- Healthy Ears Better Listening Better Hearing Program (HEBHBL)
- Visiting Optometrists Scheme (VOS)
- Eye and Ear Surgical Support Program (EESS)
- Indigenous Eye Health Coordination
- Ear Health Coordination
- Ear and Hearing Follow-up Services
- Expansion of Pain Management Services

During the 2020/2021 financial year, outreach service providers contracted by RWAV completed 3,439 visits, with 47,280 patients seen. These figures are down slightly on the previous year due to factors arising from the COVID-19 pandemic, including lockdowns and travel restrictions. As a result of the ongoing pandemic, RWAV supported 86 services to transition from face-to-face consultations to telehealth.

Outreach visits focused on key health concerns, including chronic disease, mental health, maternal and paediatric health, and eye and ear health.

Outreach programs administered	9
Outreach visits completed	3,439
Clients seen	47,280
Services provided - chronic disease, mental health, maternal and paediatrics, eye and ear health	387
Outreach health professionals who participated in cultural safety training workshops	36
Services supported to transition from face-to-face to telehealth due to COVID-19	86

OUTREACH HIGHLIGHTS

9

**OUTREACH
PROGRAMS
ADMINISTERED**



47,280

**CLIENTS SEEN
ACROSS REGIONAL
AND RURAL
VICTORIA**

3,439

**OUTREACH
VISITS
COMPLETED**

86

**SERVICES
SUPPORTED TO
TRANSITION FROM
FACE-TO-FACE TO
TELEHEALTH DUE
TO COVID-19**



387

**SERVICES
PROVIDED FOR
CHRONIC DISEASE,
MENTAL HEALTH,
MATERNAL AND
PAEDIATRICS, EYE
AND EAR HEALTH**

36

**OUTREACH
PROVIDERS
PARTICIPATED
IN CULTURAL
SAFETY TRAINING
WORKSHOPS**

USING AND ANALYSING DATA TO MAKE INFORMED DECISIONS

RWAV has a dedicated and experienced analytics team to support us, our partners, government and policy makers with the most up to date data and research to make evidence-based decisions.

RWAV has access to a range of data sources like the Department of Health Workforce Planning Tool, the Health Demand and Supply Utilisation Patterns Planning (HeADS UPP) Tool, Australian Bureau of Statistics (ABS) data, partnerships with Primary Health Networks, Medical Colleges, training organisations and universities. Our largest point of difference is that we have the most up to date data from the surveys and activities that RWAV collects and analyses.

All these data sources form the basis of our decision making and identifying the most critical workforce needs for regional Victoria. We are always looking for new collaborations that can help achieve our goals of advancing the access, quality and sustainability of health care in rural, regional and Aboriginal and Torres Strait Islander communities in Victoria.

Each year RWAV conducts the Regional Victoria Health Workforce Survey and the Regional Victoria GP Workforce Survey. The information gathered in these surveys is essential to the work that RWAV undertakes and is used in many ways. The results help direct resources to where they are needed most, and to enable continuity of health services as well as giving a snapshot of country Victorian health professionals.

The 2020 survey was conducted in late 2020 and early 2021. Thank you to everyone who provided information during the survey. This information will assist us in identifying the critical recruitment, retention, professional development, and support needs of health professionals.

Victorian Rural Health Workforce (RHW) Census

The annual Victorian Rural Health Workforce (RHW) Census is targeted to health facilities (such as GP practices), health professionals (GPs, allied health professionals, nurses, non-GP specialists) and community members.

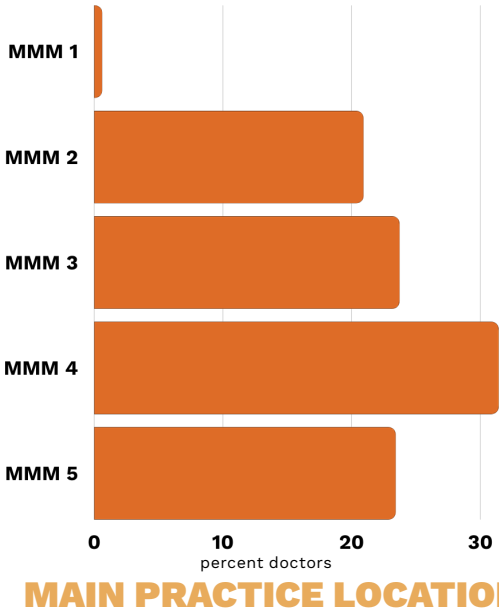
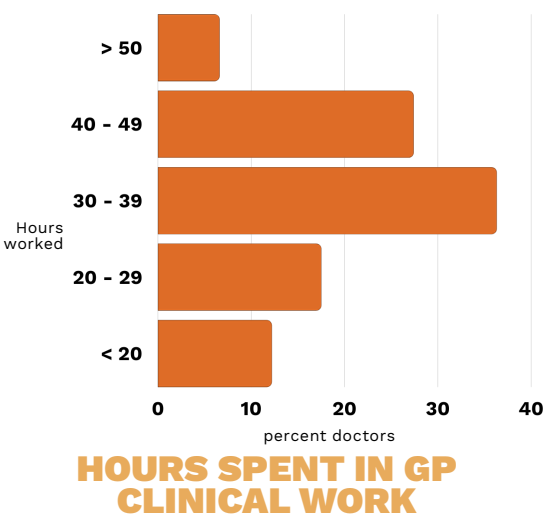
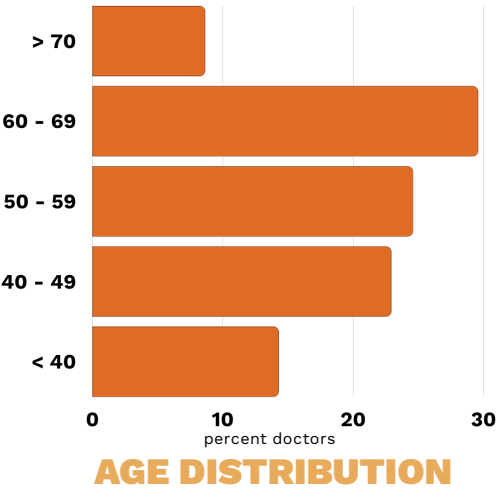
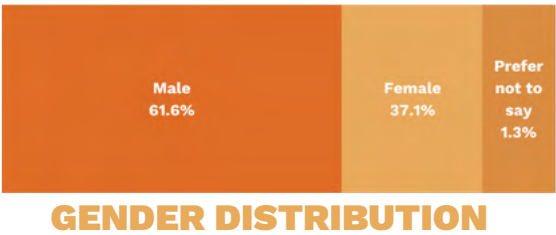
As of 2021, the RHW Census replaces the Regional Victoria Health Workforce Survey and the Regional Victoria GP Workforce Survey. The RHW Census now enables all health-professionals to have their say on health workforce issues and solutions for their Victorian rural, regional and Aboriginal communities. This translates to RWAV workforce planning, grants, programs, advocacy and policy development.

This means that the scope of information collected on the health workforce in rural and regional Victoria will be expanded.

Health Workforce Needs Assessment

Each year RWAV undertakes the Health Workforce Needs Assessment (HWNA) for the Rural Health Workforce Activity Program on behalf of the Commonwealth. The HWNA uses RHW Census data (and other data sources) to determine areas of workforce and skill shortages. RWAV grants, programs, and outreach services are informed by the HWNA to best meet the needs of rural, regional and Aboriginal communities in Victoria.

RURAL HEALTH WORKFORCE DEMOGRAPHICS



138 GPs ALSO PROVIDED VMO SERVICES IN ADDITION TO THEIR GP WORK IN THEIR CURRENT PRACTICES

The responses are from the annual 2020 RWAV Regional Victoria General Practitioner Workforce Survey. The survey was sent to 1425 GPs and 325 people responded. That is a response rate of approximately 23%. Please see <https://www.rwav.com.au/workforce-data/> for historical data snapshots.

SUPPORTING THE FUTURE GENERATION OF HEALTH CARE PROFESSIONALS

Health care has been the largest employing industry in Australia. In 2020, it employed over 1.7 million people, and that figure is projected to increase to more than 1.9 million by 2024.*

RWAV's focus has always been on creating sustainable health workforce models that support Victoria's rural, regional and Aboriginal communities.

In an effort to shape a skilled, capable and sustainable rural health care industry, RWAV has a Future Workforce program.

The Future Workforce program works with secondary school and university students to raise awareness of rural health careers, assisting with rural placements for university students, grants and bursaries to facilitate access to university entrance exams and clinical placements.

Highlights from Future Workforce

Despite the pandemic, 52 John Flynn Placement Program (JFPP) scholars were able to undertake rural placements. JFPP mentors received a one-off grant from RWAV to acknowledge their mentorship during the pandemic.

- Future workforce grants once again proved extremely popular, with 140 Rural Clinical Placement Grants awarded to health and allied health students.
- In recognition of the popularity of The University Clinical Aptitude Test (UCAT) amongst VCE students, the RWAV UCAT exam preparation grant was extended to include year 11 students in addition to the year 12 students.
- The Rural Student Ambassador Grant was also made available to student bodies and organisations running initiatives to promote rural health careers.
- RWAV contributed to a number of student conferences and events, including the online Goulburn Valley career expo, the University of Melbourne MD Student Conference and Australian Medical Students' Association National Convention.

“52 John Flynn Placement Program (JFPP) scholars were able to undertake rural placements.”



* <https://nationalindustryinsights.aisc.net.au/industries/health#:~:text=In%202020%20there%20were%20over,Care%20and%20Social%20Assistance%20workforce>

RWAV GRANTS - SUPPORTING PROFESSIONALS TO ACHIEVE THEIR CAREER GOALS

RWAV grants allow health professionals to access education, training and other opportunities that may otherwise not be available to them.

Grants are available for medical, nursing, allied health professionals and practice staff working in regional Victoria and students looking to experience the benefits of working in country Victoria.

During 2020/2021, RWAV distributed more than \$2.5 million in grants, which is an increase of more than \$811,000 on the previous year. The number of grants processed also increased from 866 in the previous year to 1,155 – this is the largest number of grants processed for the past five years.

Contributing to the increase in grant uptake includes the introduction of a number of new grants during the past 12 months, such as a Allied Health New Service Grant which proved extremely popular, and supported a number of new or expanded allied health services in rural Victoria. RWAV also launched its inaugural Reconciliation Action Plan (RAP) grant to support clinics and practices to develop a RAP of their own, which we are carrying forward into the new year.

Our grants are designed to support health professionals to achieve their career goals including relocation, professional development and postgraduate education. RWAV has a range of grants available for rural and regional Victorian health professionals.



\$2,530,377.45

TOTAL VALUE OF GRANTS ADMINISTERED

1,155

GRANTS PROCESSED

HEALTH WORKFORCE SCHOLARSHIP PROGRAM HELPS PHYSIO GRADUATE

Rhiannon Butler is a recent physiotherapy graduate from Adelaide who moved to Horsham, to gain experience in rural healthcare settings and lifestyle opportunities.

RWAV caught up with her to hear more about her motivation for making the move and how the Health Workforce Scholarship Program (HWSP) helped her achieve her career goals, particularly in Women's Health and Paediatrics.

"I moved to Horsham for the experience in a rural health care setting, for the lifestyle opportunities (netball and great location for rural travel), the ability to gain such a wide clinical experience earlier in my career," Rhiannon said.

When asked how RWAV funding has helped her professionally and with community interaction Rhiannon said, without the funding provided in the HWSP she wouldn't have been able to afford the time or money to travel to other states to attend courses.

"RWAV has allowed me to gain scholarships to attend courses in major metropolitan areas in my special interest areas. Particularly in Women's Health and Paediatrics. I've built connections and networks through South Australian and Victorian courses that allowed me to contact other regional and metropolitan physiotherapists to share our knowledge.

"Living in a rural area has meant that I have met like-minded young health professionals, been involved in sporting clubs that have immersed me in the community, and developed partnerships with health professionals in other rural health care settings and larger tertiary hospitals (such as the Royal Children's Hospital)," she said.

Rhiannon also has some key tips for health professionals who wish to work in rural Victoria.

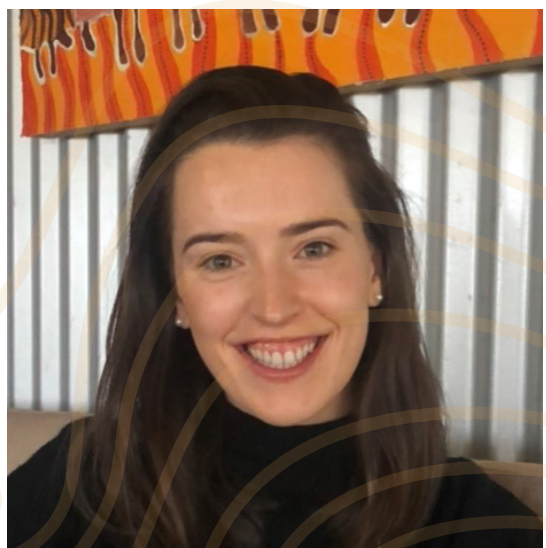
"I can't think of a better start to your healthcare career. Working in a rural area provides so much personal and professional growth. You are required to be autonomous, responsible and driven. I have seen such a variety of patients and worked with such an incredible and talented multidisciplinary team. I have accessed professional development and support networks which have fostered my skills and helped me

develop tremendous leadership skills. Without the financial benefits and rural allowances, I wouldn't have seen and achieved what I have today.

"There is a great need for rural health care professionals, and you are able to upskill in special interest areas earlier in your career compared to working in the city. In the last three years, I have moved from a new graduate to a grade 1 physiotherapist to a grade 2 physiotherapist. At such an early stage in my career, I have supervised and mentored university students and new graduate Physiotherapists. This is something that in larger metro hospitals can take three to five years. The skills I have learnt and developed will be invaluable in my career.

"I would highly recommend working in a rural area to any new, young health professional."

The Health Workforce Scholarship Program is an initiative of the Australian Government Department of Health administered in Victoria by Rural Workforce Agency Victoria.



RWAV GRANTS

HELPING RURAL HEALTH PROFESSIONALS UPSKILL

Carlene Hurst is a Mental Health Nurse based in the South Gippsland town of Foster, and is the first endorsed Nurse Practitioner within the locality. As the final step in her higher education studies, Carlene enrolled in a Master of Advanced Nursing Practice (Nurse Practitioner) at Monash University and was able to claim \$20,000 of her course fees through the Health Workforce Scholarship Program.

Having overcome mental health struggles in her 20s, Carlene has dedicated her career to helping others experiencing similar challenges.

“Incidentally, I was born in the local hospital,” says Carlene.

“There is something particularly satisfying about giving back to a community in a career as challenging as mental health, when you have lived your life mostly with the people you are working with. I consider it to be an immense privilege.”

Foster has a catchment area of up to 8,000 people, swelling to 80,000 in peak tourist seasons due to its proximity to Wilsons Promontory.

Since 2011, Carlene has been working at the Foster and Toora Medical Centres, where there is a great need for clients to receive ‘wrap around’ services for as many health concerns as possible. Carlene provides coordinated clinical care for people facing severe and persistent mental health issues. Seeing

“There is something particularly satisfying about giving back to a community in a career as challenging as mental health, when you have lived your life mostly with the people you are working with. I consider it to be an immense privilege.”

Carlene Hurst

Mental Health Nurse, South Gippsland

around six clients a day, she helps them work towards their goals and facilitates ongoing case management and communication between their health care team.

Carlene began to pursue the nurse practitioner endorsement in 2019 so that she was able to gain more autonomy, and be able to better support both clients, GPs and the staff at Foster and Toora Medical Centres.

It was recommended by her practice manager that she claim the Health Workforce Scholarship Program which is designed to improve access to health services needed in rural areas by financially supporting rural health professionals to train and upskill.

With the course completed, Carlene feels she has stepped up in her profession.

“I understand more thoroughly the physical health issues that the client is contending with, plus I have a greater understanding of what else can be offered”.

“I will also be able to request blood tests, refer to psychiatrists and do some of the client scripts for medications.”

The Health Workforce Scholarship Program is an initiative of the Australian Government Department of Health administered by RWAV in Victoria.



SUPPORTING NON-VOCATIONALLY REGISTERED DOCTORS TO DELIVER QUALITY CARE IN RURAL VICTORIA

RWAV administers two programs on behalf of the Commonwealth Government, for medical practitioners who do not hold specialist qualifications, they are the More Doctors for Rural Australia Program (MDRAP) and the Rural Locum Relief Program (RLRP).

These programs allow doctors who are non-vocationally registered to work in rural regions and Aboriginal Health Services to access Medicare (as per Section 3GA of the Health Insurance Act 1973).

MDRAP commenced in 2019 as part of the Stronger Rural Health Strategy and aims to improve the quality and volume of services available in Australian rural and remote communities.

Through these programs non-vocationally recognised (non-VR) doctors gain valuable general practice experience in rural and remote communities prior to joining a college fellowship pathway. The MDRAP also supports junior doctors and locums providing services in rural and remote communities

Whilst RLRP was closed to new applicants in May 2019 as it was replaced by the MDRAP, RWAV continues to provide case management support to all doctors who were on the RLRP prior to this date, whilst they complete their time on the program with the aim of achieving fellowship with either RACGP or ACRRM.

The MDRAP doctors and practices are financially supported to assist with the costs of onboarding in their initial location, supervision, and education.



106

**APPLICATIONS WERE
RECEIVED FOR MDRAP
LOCATIONS**



61

**DOCTORS PROGRESSED TO A
GENERAL PRACTICE FELLOWSHIP
OR TRAINING PATHWAY**

49

**DOCTORS ACHIEVED
GENERAL PRACTICE
FELLOWSHIP**

Learning and Development for MDRAP/RLRP doctors

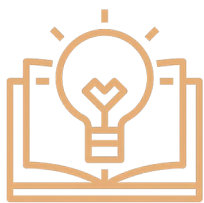
During 2021/2021, RWAV facilitated 12 online workshops for MDRAP/RLRP doctors to assist their preparation for fellowship. These included:

Three Key Feature Problem (KFP) exam preparation workshops (39 participants)

The KFP Accelerated is an intensive five-week course (one hour per week) that culminates in a mock KFP exam. The program is a KFP boot camp designed to give participants the best possible preparation for the KFP exam. The program provides participants with an opportunity to develop their knowledge and undertake activities in preparation for the RACGP KFP exam.w

Nine Remote Clinical Exam (RCE)/Clinical Competency Exam (CCE) workshops (81 participants)

These workshops are designed to prepare participants for their RACGP RCE. These workshops cover what participants can expect in the RCE, group work, tips for undertaking the RCE, feedback, time management and a mock RCE.



104

**DOCTORS HAVE BEEN
ALLOCATED L&D FUNDING**

123

**DOCTORS WERE SUPPORTED
FOR SUPERVISION**

Passionate and committed GP making a difference in Warragul

With our urban lifestyles, it is easy to think we could be missing out on something by opting for a rural career. Not so, says Dr Vipin Vyas, who has been in Australia for 13 years, with most of that time spent living rurally.

“Working rurally is a great experience and a different presentation of medicine,” he says. “I found my placement through RWAV, and having the opportunities to do courses and upskill has allowed me to stay rural, helping the community.”

Dr Vyas has been practicing in Warragul for six years, having previously practiced in Churchill.

When asked what he would say to someone thinking about working rurally, Dr Vyas says, “You learn a lot more than you would in the city, you get more responsibility. I love working rural”.

RWAV has supported Dr Vyas through his journey on the RLRP by providing case management support and advice regarding his progression towards sitting exams and achieving Fellowship of the Royal Australian College of General Practitioners (RACGP) in 2021. Dr Vyas has been able to access grants through RWAV to support his studies towards Fellowship, and his ongoing professional development.

Participation in the RLRP has also allowed him to access a Medicare provider number.





OUR APPROACH TO ENGAGEMENT AND ADVOCACY

ADVOCACY PRIORITIES 2021

RWAV is passionate about advocating for a comprehensive health care system for regional Victorians that is affordable, inclusive, high quality and accessible.

Our advocacy goal is:

“All people living in country Victoria deserve access to affordable health care to support their physical, mental and social well-being. Aboriginal and Torres Strait Islander people should feel confident they will receive health care that is culturally safe, free of barriers, and respectful of their values.”

To achieve this goal, we developed and launched five new priorities during 2021 which outline how we will seek to achieve our advocacy goals. They are:

1 / We believe:

Health care delivered to rural Victorians should be safe, high quality, affordable and comprehensive. Health professionals should have strong links to their rural communities and local health systems

2 / We believe:

All health professionals should be supported to work together to provide healthcare in country Victoria that enhances complete patient cycles of care.

3 / We believe:

The expertise and cultural knowledge of Aboriginal and Torres Strait Islander people and health professionals should be valued and embedded into health care models.

4 / We believe:

Technology innovations that support healthcare delivery and continuity of care in country Victoria should be safe and affordable.

5 / We believe:

Health services in country Victoria should be equipped with infrastructure and resources to educate the next generation of health professionals.

RWAV KEY POLICY SUBMISSIONS

RWAV has been grateful for the opportunity to inform and contribute to policy reform within the primary health and workforce distribution topics of interest. We hope to continue this strategic work in collaboration with our partners to advocate for better access to health care for rural Victorians.

Throughout the year, RWAV has welcomed the opportunity to provide feedback to the Commonwealth and primary health sector through various consultations and inquiries.

On rural health workforce solutions...

RWAV believes the solutions to address rural health workforce issues will require enhanced support for multidisciplinary health care teams, block funding and locally driven and innovative employment models that are attractive to rural health professionals. Non-monetary incentives to retain rural health professionals should increasingly be considered, such as supports for their families, community orientation and integration and mechanisms to increase connectedness to the rural community.

We are supportive of more place-based initiatives that may improve recruitment and retention of rural health professionals.

RWAV believes that future investment into data capabilities to evaluate health workforce retention solutions will be key to further development of rural health workforce strategies.

On the Distribution Priority Area (DPA) classification system...

RWAV views the DPA classification as a helpful tool to direct workforce distribution, with scope to refine the review process and data application. The DPA system should focus on community need, and to be used in conjunction with other health workforce distribution levers, incentives and innovative models to attract rural GPs.

On telehealth in rural Victoria...

RWAV supports the manner in which telehealth is being embraced as a permanent fixture of a post-COVID-19 environment. It is enhancing healthcare access for rural Victorians. While it is widely agreed that face-to-face consultation is the most suitable delivery mode for new and complex patients, telehealth can be entirely adequate and sufficient for review consultations with patients who have existing relationships with health professionals and/or the practice from which they work.



COLLABORATIONS

RWAV works closely with a range of stakeholders to deliver our services and create innovative solutions to address workforce shortages in rural and regional Victoria.

RWAV acknowledges the funding provided by the Commonwealth and Victorian Governments to deliver essential programs and services, and the positive interactions that we have with their representatives in delivering our programs.

Organisations we work closely with include:

- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Health Practitioner Regulation Agency (AHPRA)
- GP Education Providers, including AOGP and GPEx (ModMed)
- GP training organisations:
 - Murray City Country Coast GP Training (MCCC)
 - Eastern Victoria General Practice Training (EVGPT)
 - Remote Vocational Training Scheme (RVTS)
- Latrobe Health Advocate
- Local Learning and Employment Networks (LLENs)
- Primary Health Networks (PHNs):
 - Gippsland PHN
 - Murray PHN
 - Western Victorian PHN
- Royal Australian College of General Practitioners (RACGP)
- Rural practices and health providers including general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), nursing and allied health services.
- Rural Workforce Agencies:
 - Health Workforce Queensland
 - HR+ (Tas)
 - Rural Doctors Network (NSW)
 - Rural Doctors Workforce Agency (SA)
 - Rural Health West (WA)
 - Rural Workforce Agency NT
- Services for Australian Rural and Remote Allied Health (SARRAH)
- Universities and Rural Clinical Schools, including Deakin University, La Trobe University, University of Melbourne, Monash University, and UNSW Albury Wodonga Campus Rural Clinical School
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Victorian Rural Generalist Program (VRGP)

HEALTH WORKFORCE STAKEHOLDER GROUP MEETINGS

Throughout the year, RWAV has met with stakeholder groups from across rural and regional Victoria to inform our priorities for recruitment, grants and advocacy.

RWAV aims to contribute to addressing workforce shortages and maldistribution in regional and rural Victoria by improving access to essential primary health care services, building health workforce capability, and growing the sustainability of the health workforce.

At the initial meetings in February 2021, the findings for this year's Health Workforce Needs Assessment (HWNAs) were presented, which guide RWAV's core recruitment, retention and support activities. Meetings have continued throughout the year.

Stakeholders included members from Eastern Victoria General Practice Training (EVGPT), Murray City Country Coast GP Training (MCCC), the Royal Australian College of General Practitioners (RACGP), Services for Australian Rural and Remote Allied Health (SARRAH), General Practice Registrars Australia (GPRA), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian Department of Health, Primary Health Networks (PHNs), rural clinical schools and regional health organisations.

The meetings were also an opportunity for members to share their local knowledge, comment on data presented, and express their priorities for 2021. We thank members for supporting RWAV's efforts to improve access to quality health care in country Victoria and look forward to our continued work together.

“Working collaboratively with our partners enables us to make wise decisions on programs and advocacy.”



VICTORIAN RURAL HEALTH AWARDS 2021

CELEBRATING OUTSTANDING RURAL HEALTH PROFESSIONALS

Since 2005, RWAV has proudly hosted the annual Victorian Rural Health Awards to recognise the outstanding contributions made by health professionals working in rural communities.

The awards honour the exceptional medical professionals, nurses, allied health professionals, Aboriginal health workers and practice managers working across rural Victoria.

Due to the COVID-19 pandemic, the ceremony was once again held online on the evening of **10 June 2021**.

The Victorian Rural Health Awards are supported by the Victorian Government.



Outstanding Contribution by a Rural GP: Dr Peter "Justin" Madden - Otway Medical Clinic

Recently retired from general practice, Dr Madden is recognised for his contribution to the Colac community over nearly four decades. Dr Madden has been a credentialed Visiting Medical Officer (VMO) at the Colac Hospital for 38 years. For the last 25 years, he has also devoted his skills to Aged Care Medicine, providing weekly on-site clinics to residents at Mercy Place Aged Care. He has also supervised and taught countless medical students and GP registrars. Despite retiring from the Otway Medical Clinic in February, he continues to train and teach the clinic's registrars.



Outstanding Contribution by a Rural Generalist: Dr Elizabeth Garoni - Mt Beauty Medical Centre and The Gardens Albury

Dr Garoni has been working in the Mount Beauty community for more than 20 years. She provides the community with comprehensive general practice and emergency care including X-ray services, fracture management, obstetrics and palliative care and is a credentialed VMO at Alpine Health. Dr Garoni is an active member of the local community, especially the CFA, local equestrian clubs and the Mount Beauty Primary School.



**Outstanding Contribution by a Nurse/Midwife:
Louise Holland - Bendigo Community Health Services**

Louise Holland is Nurse Practitioner at Bendigo Community Health Services, and has been at the forefront of sexual and reproductive health and women's health in rural and regional areas for over 25 years. She plays a vital role in responding to the health care needs of the community including young people, Aboriginal and Torres Strait Islander people, gay men, and those from culturally and linguistically diverse backgrounds.



**Outstanding Contribution by a Rural Allied Health Professional:
Dr Naomi Malone - A Life Simply Lived Psychology, Boort**

Dr Malone has worked in rural practice for almost two decades. Since establishing her practice in Boort, she has worked hard to provide outreach services in neighbouring communities Swan Hill, Kerang and Cohuna. Dr Malone's reputation for providing quality clinical supervision has also led to her being a highly sought-after clinical supervisor for experienced psychologists Australia wide.



**Outstanding Contribution by a Rural Practice Manager:
Miffanwy Shelton, Corangamite Clinic Colac**

Miffy Shelton runs a busy rural general practice clinic that provides medical services (on-call supervisors, obstetricians and anaesthetists) to Colac Area Health. Miffy is recognised for her devotion to guiding the clinic through the COVID-19 pandemic from arranging adaptations to practice to facilitate working from home for at-risk GPs, telehealth from the clinic, time-out for staff to avoid burnout, through to organising COVID-19 immunisation clinics.



**Outstanding Contribution by a Rural Outreach Provider:
Dr Andrew Horwood**

Dr Horwood has been undertaking outreach visits to the Wimmera region one week a month for the last two and a half years. He works closely with both public and private multi-disciplinary teams, in particular the Persistent Pain Program at Wimmera Health Care Group to improve patient education and help people reduce reliance on opiate medication.



Rising Star Award:
Muhammad Yousuf - HeadtoHelp Wellington, Sale

Muhammad joined the team at HeadtoHelp Wellington as a provisional psychologist after recognising the increasing demand in Gippsland following drought, bushfires and COVID-19. To meet the demands and needs of his clients, he has undertaken further studies and is currently completing a Diploma of Clinical Hypnotherapy.



Closing the Gap Award:
Dr Karoline Gunn - Gunditjmara Aboriginal Cooperative, Warrnambool

Dr Karoline Gunn has been working at Gunditjmara Aboriginal Cooperative since October 2018. She is involved with the Clontarf Foundation, performing health checks for young Aboriginal boys, undertaking women's health screening days including cervical screening, breast screening and bowel screening, alongside regular health checks specifically for Aboriginal people.

**LENGTH OF
SERVICE
AWARD**

Dr Bruce Johnston - Inglis Medical Centre, Sale
Dr Geoffrey Campbell - Bunyip Medical Clinic
Dr Grant Chapman - Drysdale Village Medical Centre
Dr Kristina Tavcar - Shepparton Lister House Medical Centre
Dr Nola Maxfield - Wonthaggi Medical Group
Dr Paul O'Dwyer - Shepparton Lister House Medical Centre
Dr Phillip Hall - Warrnambool Medical Clinic
Dr Steven Bismire - Ovens Medical Group Wangaratta
Dr Bernard Moore - Yarrawonga Medical Clinic

**CONGRATULATIONS
TO ALL OUR 2021 WINNERS!**

FINANCIAL STATEMENTS

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2021

	2021 \$	2020 \$
Revenue from continuing operations	14,251,904	11,722,997
Projects and grants expense	(7,113,639)	(6,910,919)
Employee benefits expense	(4,605,371)	(3,451,749)
Depreciation and amortisation expense	(272,040)	(330,310)
Prior year funding to be returned	-	-
Other expenses	(1,353,926)	(935,111)
Finance expenses	(32,114)	(48,744)
Surplus/(Deficit) for the year	874,814	46,164
Other comprehensive income		
Items that will not be reclassified subsequently to profit or loss		
Changes in the fair value of equity instruments at fair value through other comprehensive income		
Other comprehensive income (loss) for the year	89,516	(85,421)
Total comprehensive (loss) for the year	964,330	(39,257)

FINANCIAL STATEMENTS

Statement of Financial Position

As At 30 June 2021

	2021 \$	2020 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	6,132,985	4,899,333
Trade and other receivables	61,087	2,270,767
TOTAL CURRENT ASSETS	6,194,072	7,170,100
NON-CURRENT ASSETS		
Trade and other receivables	193,600	191,503
Financial assets at fair value	7,532,854	2,638,464
Property, plant and equipment	127,138	482,928
TOTAL NON-CURRENT ASSETS	8,045,536	3,312,895
TOTAL ASSETS	14,239,608	10,482,995
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	2,921,382	982,768
Contract liabilities	4,545,796	3,169,852
Provisions	1,238,097	1,561,442
Employee benefits	281,509	158,389
Lease liabilities	264,186	291,712
TOTAL CURRENT LIABILITIES	9,250,970	6,164,163
NON-CURRENT LIABILITIES		
Employee benefits	46,055	76,303
Lease liabilities	14,347	278,623
TOTAL NON-CURRENT LIABILITIES	60,402	354,926
TOTAL LIABILITIES	9,311,372	6,519,089
NET ASSETS	4,928,236	3,963,906
EQUITY		
Retained earnings	4,895,234	4,020,420
Other reserves	33,002	(56,514)
TOTAL EQUITY	4,928,236	3,963,906



Wurundjeri Country
Level 6, Tower 4
World Trade Centre
18-38 Siddeley Street
Melbourne VIC 3005
+61 3 9349 7800
rwav.com.au

