



RWAV
RURAL WORKFORCE
AGENCY VICTORIA

Annual Report

2021 / 2022



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Acknowledgement of Country

Rural Workforce Agency Victoria acknowledges the Traditional Owners of Country throughout Victoria. We pay our respects to Elders, past and present.

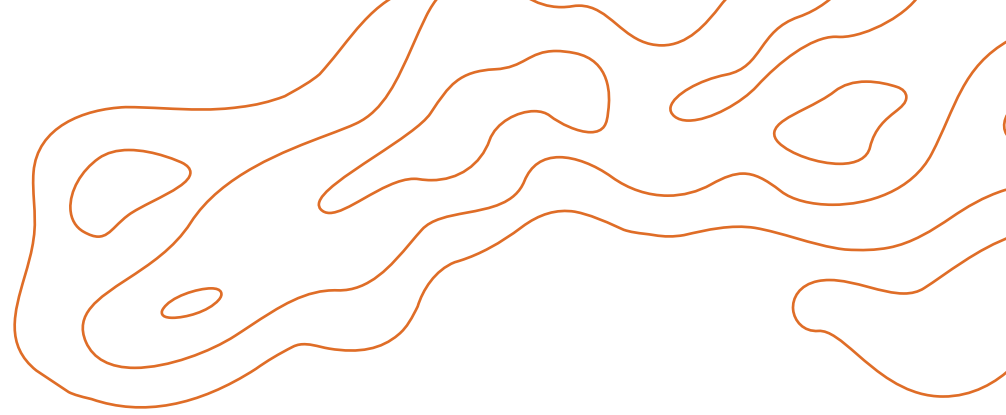


A note of appreciation to healthcare teams in Victoria

Rural Workforce Agency Victoria acknowledges the work of rural, regional and Aboriginal healthcare professionals across Victoria for the way they've cared for their patients and communities throughout the COVID-19 pandemic. We recognise that clinics and services need to constantly innovate and adapt in order to respond to the ongoing challenges of the past couple of years. RWAV applauds them for their commitment to quality care and best practice, despite the sometimes overwhelming challenges.

Thank you!

Message from the Chair



Providing quality health care for patients during the COVID-19 pandemic was certainly challenging. Today, more than two-and-a-half years since the first case, the situation has evolved but not resolved. While many health workers remain committed to their work, many are suffering from fatigue and exhaustion.

At RWAV, the health professionals we serve, our customers, are at the centre of everything we do. We support them in their training and careers, and we're there when they need our help.

We're extremely proud of the students, nurses, general practitioners (GPs) and allied health professionals we support. They deliver outstanding health and medical care throughout rural Victoria, and the people who live in our state rely on them to stay well and also, when they become ill.

Effective stakeholder engagement is more important than ever. This year we saw much needed action that included GPs working in Aboriginal Community Controlled Health Organisations (ACCHOs) gathering together for the first time in years. We also saw rural GPs undertaking focused psychological strategies skills training, after a health workforce needs assessment demonstrated the demand for access to psychological services across the state.

“
We joined 1,100 other corporate, government and not-for-profit organisations pledging their support for the national reconciliation movement.”

We face a looming strategic challenge due to our international borders being closed for two years. This is having a significant impact on the supply of doctors who are willing to practise in rural general practices. It's also impacted the number of international medical graduates participating in the More Doctors for Rural Australia program.

As we came out of the lockdown era, RWAV experienced a surge of interest in our outreach programs. As a result, we're now over-subscribed. This important program is government-funded and covers more than 400 services to rural, regional and Aboriginal

and Torres Strait Islander communities across Victoria. At RWAV, we will continue to provide the best support possible for health workers who want to contribute.

This year, RWAV adopted a Clinical Governance Framework that guides us in our everyday work. Our vision, which is 'Health equity for rural, regional and First Nations' Victorians' is only possible when there is a strong and healthy workforce that can deliver quality health care. This is why our customers – healthcare professionals – are at the centre of everything we do. By supporting the nurses, GPs and allied health professionals who provide services across rural Victoria, we can ensure quality and safety in all health services.

In 2022, RWAV launched its vision for reconciliation by committing to a Reconciliation Action Plan (RAP). We joined 1,100 other corporate, government and not-for-profit organisations pledging their support for the national reconciliation movement. Our first RAP 'Reflect' lays the foundation for RWAV to strengthen its reconciliation commitments and grow its awareness of Aboriginal and Torres Strait Islander cultures, histories and leadership.

From a governance perspective, we have a new sub-committee focused on People and

Culture. This sub-committee will support RWAV's People and Culture strategy and contribute to our people-based focus.

I'd like to thank Dr Suzzane George for her contribution during her time on the RWAV Board, and to also welcome new Board members Dr Rosemary Kelly, Matthew Muldoon and Dr. Louise Manning. Thank you, also, to the ongoing Directors for their commitment to RWAV. I look forward to working with you in the coming year.

My sincere thanks to CEO Trevor Carr for his contribution and continuous dedication to RWAV. As we know, the COVID-19 pandemic made life and work more difficult for everybody. Trevor and his team worked hard to make it easier for both health workers and their patients.

Lastly, I want to express my sadness on the passing of Anthony Webb, who worked at RWAV for 22 years. As General Manager, Operations and Finance, Anthony was a deeply respected colleague. We remember him with gratitude and affection.

**Adjunct Associate Professor
Morton Rawlin AM**

Chair, Rural Workforce Agency Victoria

Message from the CEO



The recruitment of health professionals has never been so challenging as during the past 12 months. To help implement solutions to the workforce challenges we face, we've been working closely with the Commonwealth and Victorian Departments of Health, workforce agencies across Australia, the Victorian Aboriginal Community Controlled Health Organisation and Primary Health Networks (PHNs) in rural Victoria.

The challenge of mobilising the health workforce to rural Victoria was exacerbated by restrictions on border movements, competition from other sectors like hospitals, NDIS and mental health, and a declining interest in general practice

Fortunately, we've been able to play a key role in linking up different players within our system to address access issues. For example, our outreach team identified access problems at Njernda Aboriginal

Community and convened a meeting with Echuca Regional Health, Bendigo Healthcare Group, and the Royal Eye and Ear Hospital to work on gaining access to eye and ear surgical services. While it's still early days, we're pleased to see a targeted short-term project that tests the viability of a hub and spoke model to address this important issue.

Our investment in allied health has continued over the year with the introduction of a new grant to incentivise practice

establishment or expansion into new communities, as well as the creation of a new allied health group.

We also actively promoted the availability of grants to support continued professional development across rural Victoria. Approximately \$1.5 million was allocated in the past year to further develop the professional skills of our health workforce.

During the financial year, we also introduced additional locum support for rural GPs to encourage them to take much-needed breaks, as well as grants to provide back-fill to those impacted by COVID-19.

In addition, we updated our website. Grant applications can now be made through the MYRWAV portal, and we're finalising a newer version of the portal to facilitate access to grants, outreach services and MDRAP.

The impact of COVID-19, and the public health directives accompanying it, have also been challenging. We've taken care to ensure RWAV is compliant with the directives and that team members are informed in relation to our obligations. Despite these difficult circumstances, our team has demonstrated great resilience in delivering on our business goals.

We've been working for some time on our workplace culture and, more recently, on organisational culture. We know the latter requires more than staff satisfaction, and that a positive workplace culture will be reflected through the communication channels we use to engage with the professional health workforce we support. While we have high staff retention (80.5%), we're nonetheless working towards a wider, progressive approach. We're pleased our Board has become involved in defining how we measure our organisational culture.

Our customer engagement strategy is in its final stages. The customer and internal survey to identify pain points for engaging with RWAV has been completed, and mapping the five business elements that have the most interface with external customers is being finalised.

In the second half of 2022, we launched our first Reconciliation Action Plan (RAP) 'Reflect', which underpins our commitment to achieving health equity for rural and regional Aboriginal and Torres Strait Islander Victorians.

I'd like to acknowledge the hard work and dedication of all rural and regional Victorian health professionals during the COVID-19 pandemic. The value of being able to access quality health care close to home is

truly appreciated in times like this. I'd also like to recognise the work of our outreach service providers, who worked through lockdowns and the pandemic to deliver services to the communities in rural and regional Victoria.

In the report that follows, the many ways in which RWAV works toward our vision of achieving health equity for rural, regional and Aboriginal Victorians is demonstrated. Each and every member of the RWAV team can be proud of their commitment to this vision and of the work that they undertake that moves us positively on the journey to achieving this. I acknowledge your commitment and thank you all for being part of the RWAV team.

Lastly, I want to note the significant contribution made by our friend and colleague, Anthony Webb. Tragically, Anthony passed away suddenly in June this year. He worked at RWAV for more than 22 years, and his presence is greatly missed. I'd like to acknowledge our team for the way they've managed the loss of Anthony, and continued as he would have wanted them to – delivering consistent dedicated service despite all the challenges of the pandemic.

Trevor Carr

CEO, Rural Workforce Agency Victoria

The case for rural health care

For more than **22 years**, the RWAV has been working with health services and rural communities to attract and retain a caring and competent workforce.

Our extensive industry collaborations, data research and community insights have uncovered ways to better serve the growing healthcare needs of the Victorian rural community.

There have been ongoing workforce shortages across all health professions and the pandemic has exacerbated this problem. In rural Victoria there are communities that have limited or no access to a GP, psychologist or occupational therapist. In part, this is due to funding limitations, fragmentation of services and care, lack of supervision opportunities and in some cases negative perceptions that continue to hamper recruitment efforts in rural locations.

More than ever, there is a great urgency for robust workforce planning. Apart from an ageing workforce, we've faced challenges in recruiting migrant workers over the past two years, and this has dampened

enthusiasm for relocation driven by border closures. We need to consider new ways to attract and retain healthcare professionals.

Through our continued work at a local level, we know that each rural community is unique and requires an individual approach to health care delivery. It's clear that a more customised delivery model will better serve these distinct communities.

In addition to the good work currently being done, policy and funding improvements between governments and organisational bodies would help end the silos and enable a seamless platform for patient services.

We know the challenges facing rural health care are complex. At RWAV, we believe these can be alleviated through distinct areas of research and planning, and action through improvements. This will help us to work together with our partners to better administer services in rural Victoria.

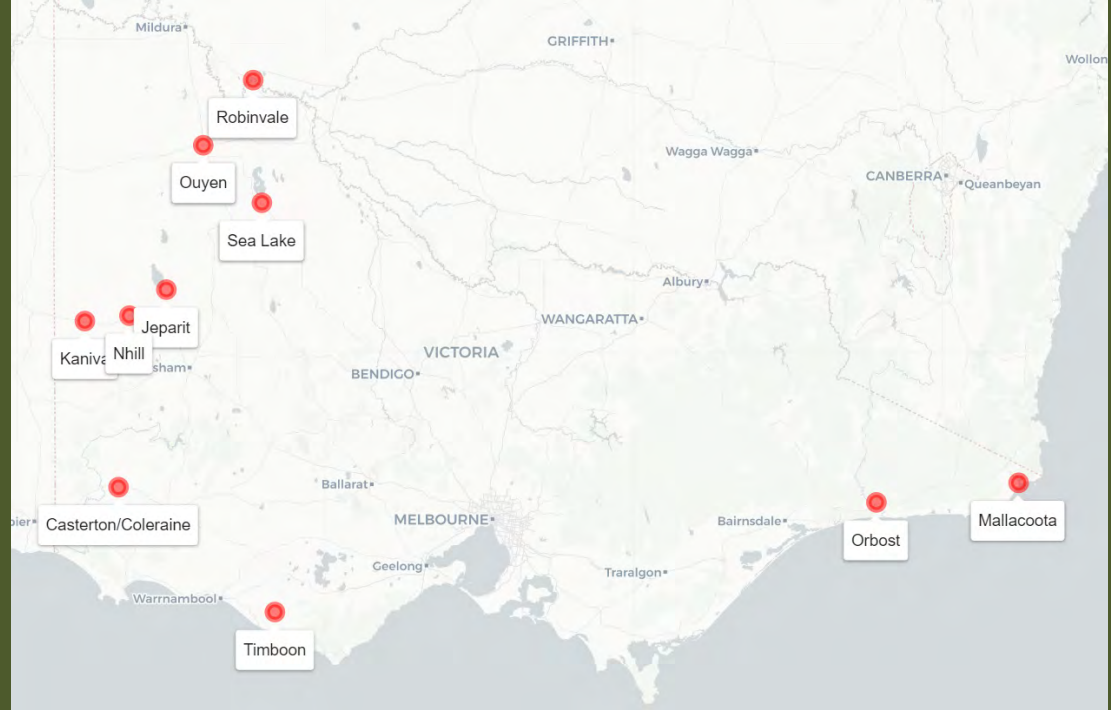
Top 10 Hotspots

where we urgently need more permanent GPs

All Victorian rural and remote areas have long been in serious need of more GPs. RWAVs top 10 GP Hotspots are areas that have beyond critical GP shortages. These communities are struggling the most with access to quality primary care. The next GP appointment for these communities could take weeks or even longer.

Many practices are unable to take new patients and turn people away. Individuals are forced to travel long distances to get

basic health care. Those who cannot travel including the elderly, people with complex health conditions, those without reliable transport and lower socio-economic individuals, are significantly disadvantaged. The inequity in basic health care access, such as GPs, has huge implications for the community, the neighbouring hospitals and GP practices in the next towns, which have also been struggling to attract and retain GPs.



Top 5 skills that GPs want to upskill in

over the next 6–12 months

1. Dermatology/skin
2. Mental health
3. Pain management
4. Emergency medicine
5. Obstetrics and gynaecology

Top 5 occupation needs

in rural Victoria from the
RWAV Health Workforce
Needs Assessment

1. GPs



2. Psychologists
and psychiatrists



3. Speech
pathologists



4. Occupational
therapists



5. Physiotherapists

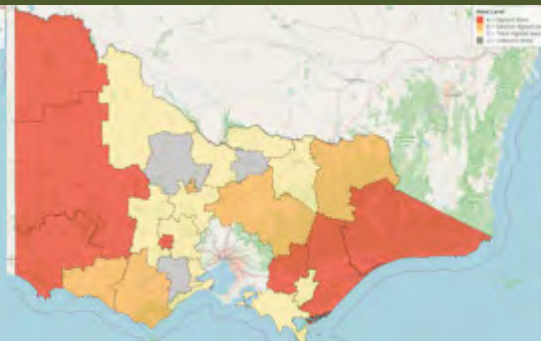


Top 3 allied health workforce needs in rural Victoria

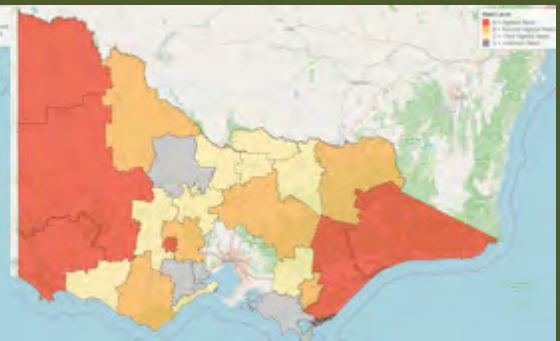
Psychologist



Speech Pathologist



Occupational Therapist



■ highest need

The RWAV Approach

There are **three core pillars** that underpin the work we do at RWAV:

To achieve **business excellence**, we aim to:

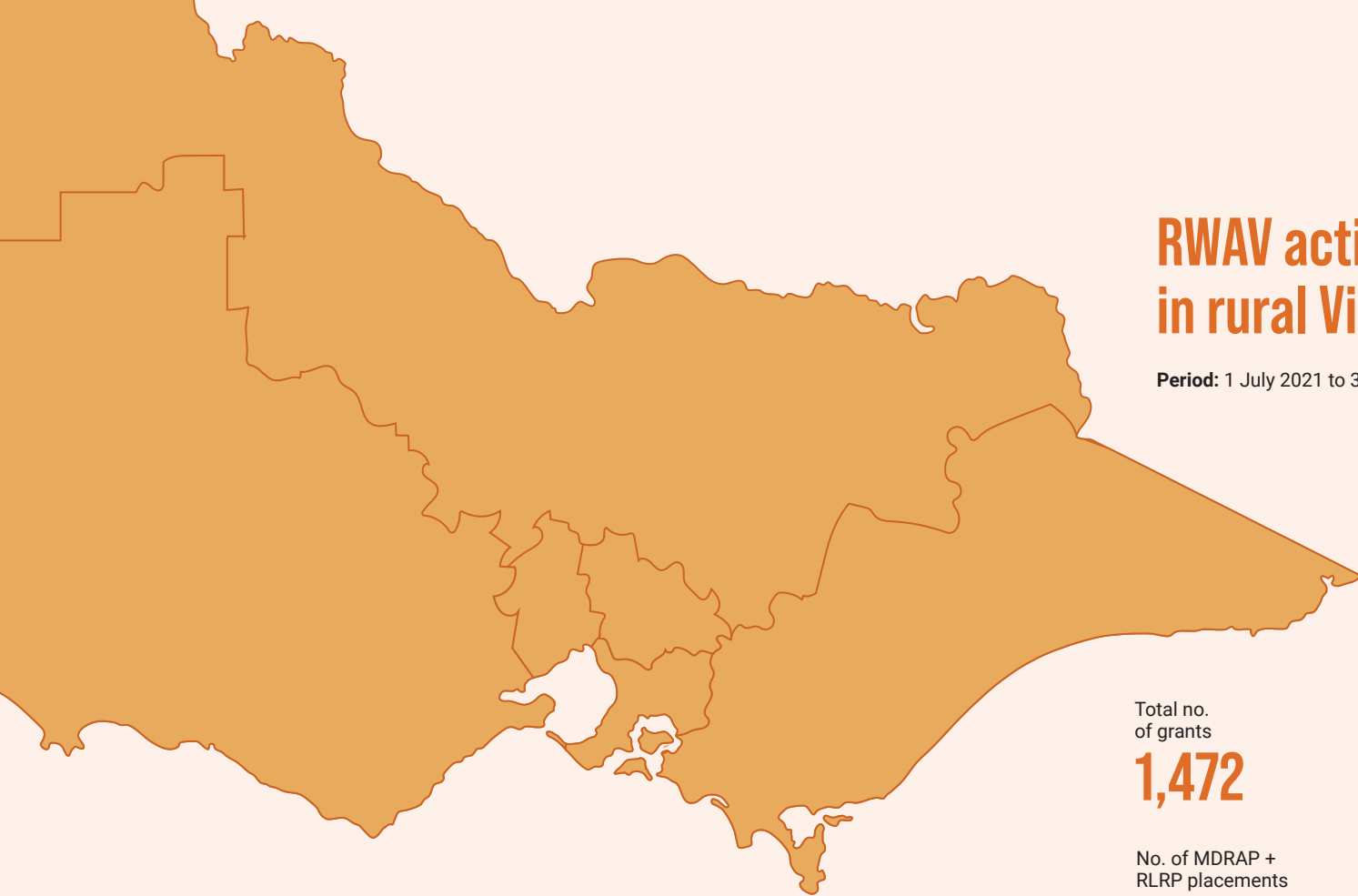
- a. demonstrate governance and administrative processes that enable the attainment of strategic priorities
- b. invest in our people and systems
- c. enhance our service model through customer feedback
- d. improve the efficiency and effectiveness of RWAV services.

We heighten our **service development** by:

- a. providing contemporary services that are relevant, required and that meet the needs of our stakeholders and service users
- b. designing and testing innovative service models to enhance patient access to the rural health workforce. These include:
 - i. specialist in-reach and telehealth solutions
 - ii. methodologies to connect providers across primary and secondary care
 - iii. technological innovation to support rural healthcare practices and professionals
 - iv. engagement with stakeholders to develop bespoke solutions for communities identified as a 'hot spot' for three consecutive years.
 - v. ensuring all RWAV services are underpinned by population health data and workforce data.

We practise **engagement and advocacy** by:

- a. defining and communicating a consistent message about RWAV's services and what distinguishes us
- b. systematically strengthening our relationships with relevant stakeholders to deliver sustainable health workforce solutions
- c. influencing policy positions that improve access to health care for rural and Aboriginal and Torres Strait Islander communities.



RWAV activities in rural Victoria

Period: 1 July 2021 to 30 June 2022

Total no. of grants

1,472

Total approx. value of grants

\$2.32M*

No. of MDRAP + RLRP placements

147

Total health positions filled

277 | 241 GP Locum
25 GP Permanent
11 Nursing + AH

No. Outreach Providers

167

No. Outreach Services

316

*Grants change from year to year in nature, value and quantum, please visit [our website](#) for latest information



Business excellence

To achieve business excellence, we use best practice governance and administrative processes that help us achieve our strategic priorities.

We believe that investing in our people and systems improves the efficiency and effectiveness of RWAV services – and we know it creates quality relationships with our staff. Customer feedback is also vital to our business success because listening to the people we serve enhances our services.

Customer experience has been our major focus this year.

RWAV's Customer Experience Project

Good customer experience is critical to the sustained growth of any business and it helps RWAV attract new customers, retain existing customers and encourage brand advocacy.

Improving our customer experience is a strategic priority. For this reason, in 2022, RWAV started investing in the improvement of customer experience both in person and online.

Customer experience includes a serious, long-term commitment by staff at all levels to:

- design a better experience for RWAV's target customers and those targeted by our competitors.
- consistently deliver a great experience, with seamless integration across all touch points
- set up systems so that processes run smoothly and customers know we care about them
- make all core and business services at RWAV customer-focused.

Over the past 12 months, we've undertaken work to identify the challenges and opportunities relating to customer experience.

Clinical Governance Framework

Working towards facilitating health services that are client-centred, high quality and safe, RWAV developed a Clinical Governance Framework as a process guide.

Components of Clinical Governance Framework



Governance, leadership and culture



Clinical performance and effectiveness



Safe environment for delivery of care



Patient safety and quality improvement systems



Partnering with host agencies and clinicians to ensure safety for consumers

At RWAV, we believe people living in rural Victoria have a right to access safe healthcare services. In June 2022, RWAV launched its inaugural [Clinical Governance Framework](#). This is a milestone document that explains the systems and processes we believe are essential for us to deliver on this vision.

The Framework outlines important principles and processes that will guide us in our development of client-centred and safe services. We look forward to facilitating high-quality health services for rural and Aboriginal and Torres Strait Islander communities across country Victoria.



RWAV's Reflect Reconciliation Action Plan

RWAV works closely with a number of Victorian Aboriginal Community Controlled Health Organisations (VACCHOs), Aboriginal and Torres Strait Islander health services and health professionals through our grants, recruitment and outreach service supports. Launching the Reflect Reconciliation Action Plan (RAP) was the beginning of our RAP journey and it formalises our commitment to reconciliation.

In January 2020, the RWAV Board and Executive teams endorsed the development of a RAP. This was in recognition of a unanimous agreement to enhance RWAV's organisational culture and its commitment to improving programs that support Aboriginal and Torres Strait Islander communities, health services and the ACCHOs we work closely with. The Reflect RAP will support RWAV's three-year strategic plan, and include

actions that guide our internal and external contributions to reconciliation for Aboriginal and Torres Strait Islander peoples.

The RAP is the first step towards our reconciliation process. We hope our reconciliation process will lead to more opportunities for us to work together with Aboriginal and Torres Strait Islander health professionals, health providers, patients, communities and organisations, and to incorporate more of their voices in the health programs and workforce strategies we deliver.

The RAP document has been put together in consultation with our cultural consultant and the working group members. In developing the RAP, we've had the opportunity to analyse and consider how we can better collaborate with Aboriginal and Torres Strait Islander

Aboriginal and Torres Strait Islander Peoples are some of our most important customers, so our team worked hard on our Reconciliation Action Plan to formalise what was already a strong commitment at RWAV to Australia's Reconciliation journey.

communities and organisations. Thanks to the dedication and work from all RWAV staff, Board members and Reconciliation Australia, we formally launched our Reflect RAP on 23 August 2022.

Here's what we've achieved so far:

- A RAP working group has been formed and meets regularly.
- RAP artwork has been commissioned from artist Madison Connors.
- The smoking ceremony was performed by an Elder from the Wurrunjeri Woi Wurrung Land co-op to signify the RAP launch.
- Initiatives with timelines have been clearly listed under the RAP document.

Reconciliation in 2021, 2022 and beyond:

RWAV values its strong partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and looks forward to continued meaningful collaboration.

As part of its reconciliation journey, RWAV made grants available in 2021 for general practices, allied health and primary care services in rural Victoria to support the development of their own RAP and to promote engagement with local Aboriginal and Torres Strait Islander communities to improve business practices. Successful grant applicants could, for example, engage an Aboriginal or Torres Strait Islander consultant for RAP development advice, use their grant for Welcome to Country ceremonies or to purchase artworks or signage for their practice.

Internal reconciliation initiatives occurred during National Reconciliation Week and NAIDOC Week in 2021 and 2022. These initiatives included the provision of key cultural resources, links to external cultural awareness activities for staff to participate in and e-signature banners.

As a part of Reflect RAP, there are a number of actions that we look forward to achieving.

These include the following:

- Establish and strengthen mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders and organisations.
- Promote reconciliation through our sphere of influence.
- Promote positive race relations through anti-discrimination strategies.
- Increase understanding, value and recognition of Aboriginal and Torres Strait Islander cultures, histories, knowledge and rights through cultural learning.
- Demonstrate respect to Aboriginal and Torres Strait Islander peoples by observing cultural protocols.
- Build respect for Aboriginal and Torres Strait Islander cultures and histories by celebrating NAIDOC Week and National Reconciliation Week.
- Improve employment outcomes by increasing Aboriginal and Torres Strait Islander recruitment, retention and professional development.
- Increase Aboriginal and Torres Strait Islander supplier diversity to support improved economic and social outcomes.

We look forward to expanding our existing external and internal reconciliation processes through our Reflect RAP.





Our customers are located throughout Victoria – from Mildura to Mallacoota and Portland to Corryong. To engage them from the comfort of their homes and also to give them a platform to share their experiences with the current and future rural health workforce, we organised a number of webinars this year on our new and robust Event Management System.

RWAV's Event Management System

We spend quality time with our core audience whenever we host an event.

Events aren't just about offering services or products, but about creating and maintaining genuine relationships with potential and existing customers. Events are a powerful way for customers to provide feedback and discuss any needs or problems they might have.

We have invested more time in events because we've found they add value to our external stakeholder relationships. Virtual events have also enabled RWAV to reach its target audience while adhering to COVID-19 restrictions.

While holding more events for different parts of our business had great benefits, it also demonstrated the need for a robust IT solution and in 2022, the new RWAV Event Management System was designed and implemented on our website.

This solution enables us to:

- reduce the time needed to create each face-to-face and virtual event from three hours to less than 30 minutes
- integrate RWAV virtual events (meetings and webinars) with Zoom meetings and webinars
- improve customer experience by sending registration emails, reminder notifications and request feedback emails to people who registered and attended the event
- provide a report for RWAV teams that shows who has registered and attended selected events in less than a minute. It also provides details related to attendees' collaborations with RWAV.

Since February 2022, RWAV has enjoyed successful experiences running events, including:

- Grants Week (four webinars for doctors, practices, nursing and healthcare students), Feb 2022
- Allied Health Forum, May 2022
- Virtual Gala Awards (RWAV Annual Awards), June 2022
- RWAV Rural Allied Health Forum – Primary Care Solutions, May 2022

The Event Management System also enables RWAV to provide recorded events for people who are unable to attend RWAV online events.

More than 1,000 people have registered and attended RWAV events this year.

The services we provide, the initiatives we create and the engagement we measure are all made possible by our staff who constantly strive for excellence. Here's a snippet about our people and culture.

RWAV's People and Culture

RWAV employs 46 dedicated team members, who continue to demonstrate their commitment to improving access to high-quality healthcare for rural, regional and Aboriginal and Torres Strait Islander Victorians.

Our team is made up of people with diverse expertise in rural health, Aboriginal and Torres Strait Islander health, public health, corporate services and management fields.

As at 1 August 2022, women occupy 62% of leadership roles and 44% of Board positions.

RWAV is strongly committed to supporting the ongoing professional development of all its team members. An annual professional development allowance is available to each team member, in addition to access to companywide training and development programs. In the last financial year, 82.5% of

the RWAV team have utilised their allowance for professional development.

During COVID-19 restrictions and the ongoing pandemic, RWAV team members were supported to adopt hybrid-working arrangements. Flexible working days and Employee Assistance Programs wellbeing sessions, as well as an active social club, were all initiatives promoted across the year to support the team. RWAV's rolling retention rate as at 31 July 2022 is 80.5%.



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82.5%

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80.5%

**rolling
retention rate**

for RWAV as at 31 July 2022

Visual overview of all RWAV programs

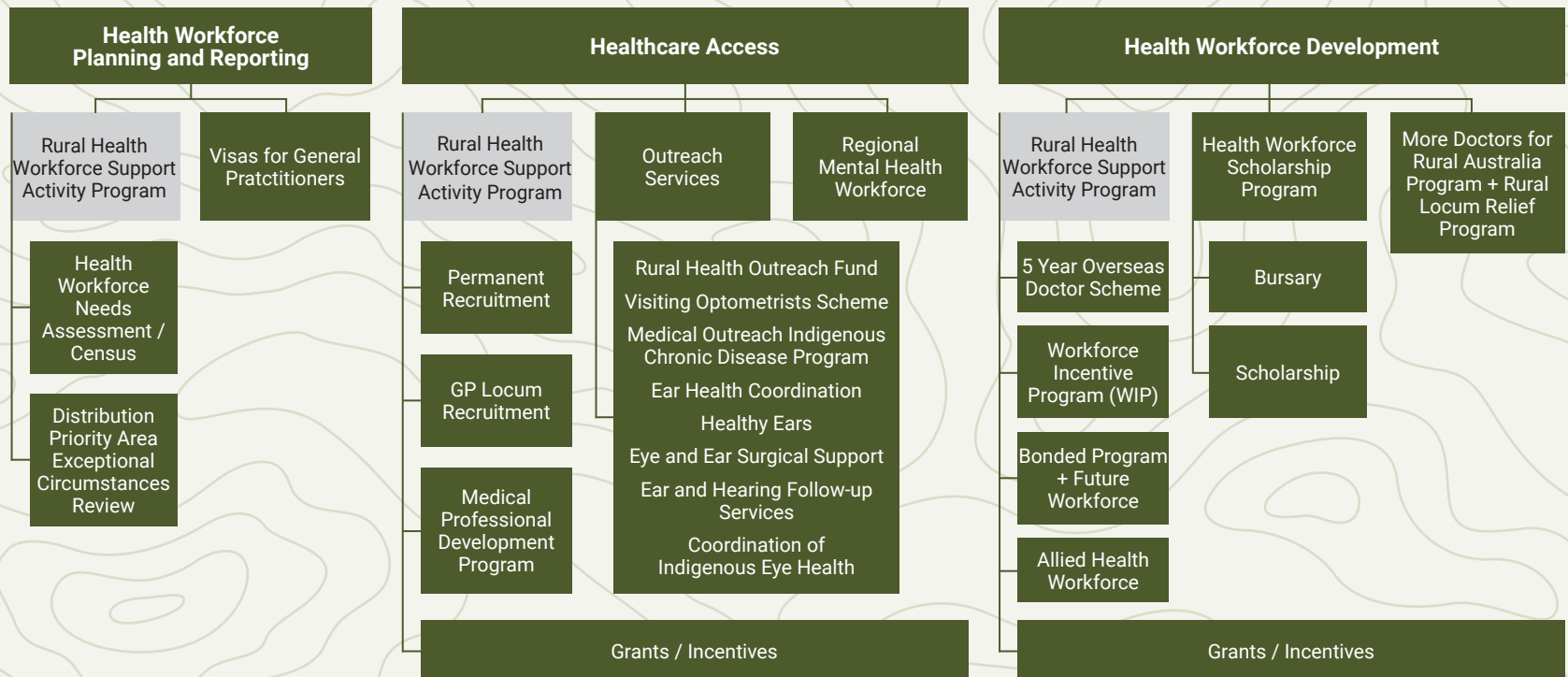
RWAV delivers many activities in the form of programs, services, grants and incentives.

We undertake an annual Victorian Rural Health Workforce Needs Assessment (HWNA). This is a well-researched and evidence-based report that informs almost all activities at RWAV.

RWAV has reporting obligations for each funded activity. In the 2021/22 financial

year, we coordinated and submitted over 50 government reports to meet our contractual reporting requirements. All reports were delivered accurately and on time.

Using the HWNA, we develop core services that are relevant and meet the needs of our stakeholders and service users.



Service development

At RWAV, we work to provide services that are modern, relevant and that meet the needs of our stakeholders and service users.

Our service models are designed and tested to increase patient access to the rural health workforce. They include specialist in-reach and telehealth solutions, and methodologies to connect providers across primary and secondary care. In addition, we use technological innovation to support rural healthcare practices and health professionals, and we engage with stakeholders to develop bespoke solutions for those communities identified as 'hot spots' for three consecutive years.

RWAV's models of service are informed by both population data and workforce data. They're carefully designed to optimise quality health care and strong outcomes.





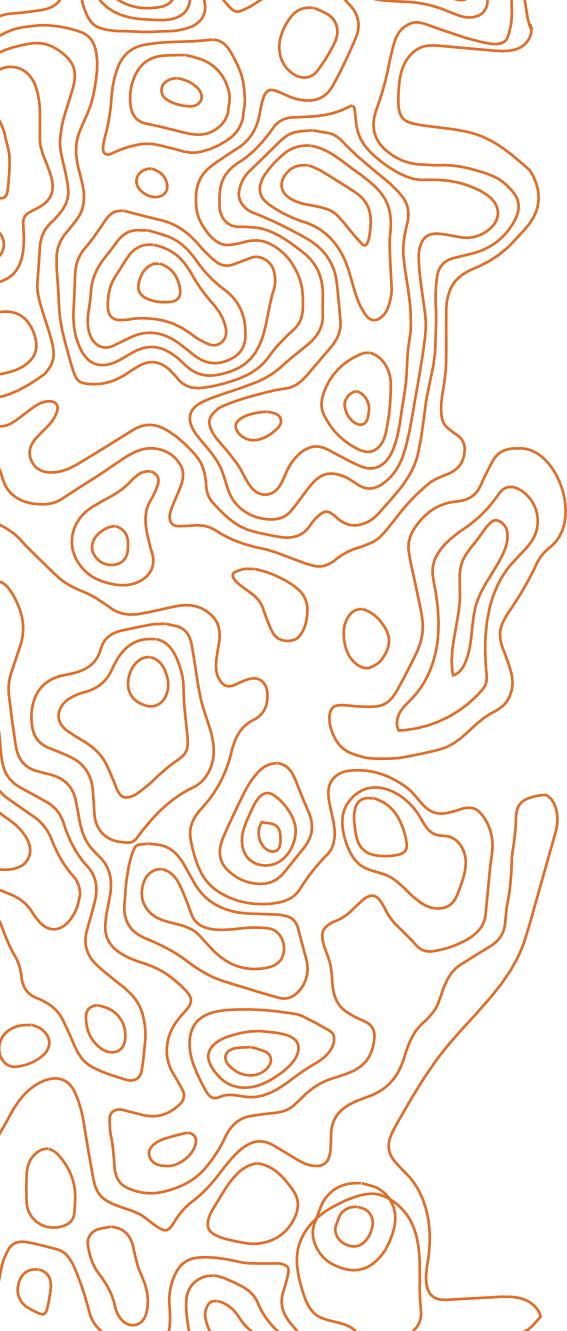
Core services

Here's what we did over the last financial year to improve health outcomes in rural Victoria through grants, health workforce development, recruitment and outreach services.

Available grants

RWAV currently administers 14 grants that are funded by either the Commonwealth or Victorian Departments of Health. Guidelines for eligibility are set down by the relevant department and administered on its behalf by RWAV.

Grant name	Doctors	Nurses	Allied Health	Business administrators	Healthcare students	Primary care practice
Health Workforce Scholarship Program	✓	✓	✓			
Health Workforce Scholarship Program for Locums	✓	✓	✓			
Medical Professional Development Program	✓					
Rural Immersion Student Experience Grant					✓	
Rural Ambassador Student Grant					✓	
Rural Practice Training Grant				✓		✓
RWAV Allied Health and Nursing Education Grant		✓	✓			
RWAV Clinical Psychology Placement Grant			✓			
RWAV General Practice Quality Accreditation Grant						✓
RWAV Mentor Grant for VACCHO Cadets					✓	
RWAV Prospective GP Locum Grant	✓					
RWAV Reconciliation Action Plan Grant						✓
RWAV Rural Clinical Placement Grant					✓	
UCAT Exam Preparation Grant					✓	
Workforce Incentive Program	✓					



Grants Week

In February 2022, RWAV held the inaugural Grants Week. The week was designed to showcase the many grants administered by RWAV and funded by the Commonwealth and State Departments of Health.

Four targeted online interactive webinars included doctors, nurses, allied health professionals, practice managers, and healthcare students. Each webinar presented information on grants specific to that target group and had a Q&A session with RWAV grant subject experts.

An almost 200% increase in grant applications and enquiries was received after the four webinars were attended by 146 healthcare professionals and practice support staff. Different approaches to educating our target audience proved valuable in the exercise.

A significant increase in registrations for RWAV-funded Cultural Safety Training, Newsletter, and updates to the RWAV client database were also unexpected benefits.

The webinars and Q&A are available on the RWAV website for ongoing reference.

Based on the success of the first RWAV Grants Week, RWAV will make it an annual

online event to promote awareness of the grants available and raise the profile of RWAV throughout primary care practices in rural and regional Victoria.

Rural Allied Health New Service Grant

RWAV implemented the Rural Allied Health New Service Grant in FY 2021-22. The grant supports allied health services and allied health practitioners to access funding of up to \$20,000 to establish or expand allied health services in rural and regional Victoria (MMM3-7).

The key objective of the grant is to increase community access to allied health services in Victoria.

Funds were awarded for the 2021 (July to December) round of the grant to support the establishment of three practices and the expansion of another three. In Bloom Osteopathy in Euroa, Forefront Physiotherapy in Geelong and Step Up Allied Health in Warragul were established with funds from the RWAV grant. As a result of the grant, One Focus Physiotherapy, Bass Coast Podiatry and A Life Simply Lived Psychology expanded.

The Rural Allied Health New Service Grant supports osteopathy, physiotherapy, podiatry, occupational therapy, psychology, speech pathology and social work providers. The grant funds went to setting up new clinical rooms, equipment, resources, and marketing for the new service.

After six months, across the six projects an extra 88-109 patients are being serviced per week. There is also an increase of between 2.8-3.9 FTE per week or 104.5 to 147.4 extra allied health staff hours per week.

An independent evaluation of the grant determined that it has led to better access and improved quality of allied health services in regional Victoria.

Unexpected benefits from the grant experienced by recipients include:

- multidisciplinary home visits
- co-located services
- group child and adult therapy
- innovative telehealth use
- new clinical modalities that are unavailable elsewhere in the region.

Dr Naomi Malone and her team are enjoying new rooms at 'A Life Simply Lived Psychology' in Swan Hill. The RWAV's Rural Allied Health New Service Grant helped furnish two new clinical spaces for one-on-one and group therapy, assessments for children and adults, and newly added speech pathology, art therapy and occupational therapy sessions. The practice now hosts 20-30 more patients each week.

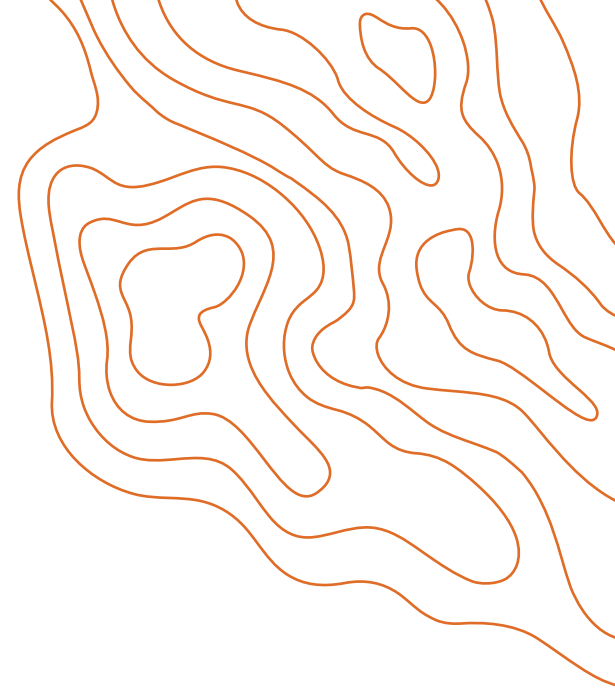
Another seven grants were awarded in a second round from January to June 2022 to support the establishment or expansion of allied health services in Horsham, Wilkur, Mildura, Ararat, St Arnaud, Echuca and Sale.

“The grant has a positive impact on us providing a dedicated service to the community, many locals have commented on the space and increased accessibility”

– Dr Naomi Malone from A Life Simply Lived

“This grant allowed us to do this, two years earlier than originally planned”

– Anonymous Grantee (external evaluation report)



Focused Psychological Strategies Skills Training (FPS ST) Scholarship

RWAV has partnered with the Royal Australian College of General Practitioners (RACGP) to provide 144 scholarships to Victorian GPs in the Modified Monash Model (MMM 3–7), and GPs working in an ACCHO in MMM 1–7 location to complete Focused Psychological Strategies Skills Training (FPS ST).

Each scholarship provides full funding to complete the course with RACGP. This program is a partnership between RWAV and RACGP with funding from the Australian Government through the Health Workforce Scholarship Program.

The FPS ST training package provides participants with essential training

to become a GP provider of Focused Psychological Strategies (FPS) and provide Cognitive Behavioural Therapies (CBT) driven FPS counselling to patients in their rural practice.

A combination of technology, peer learning and local resources is used to provide GPs with training in FPS skills while remaining in their practices.

By the end of the 2021/2022 financial year, 144 doctors had been granted scholarships with a total value of \$150,000. So far, 116 scholarship recipients have completed the course and are eligible for FPS provider registration with Medicare to access FPS-related MBS billing.



144 doctors



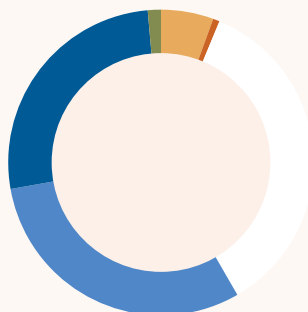
\$150,000 in scholarships



116 recipients eligible for FPS registration

Accepted breakdown by MMM area

MMM1 ACHHO:	8	5%
MMM2 ACHHO:	1	1%
MMM3:	51	35%
MMM4:	44	29%
MMM5:	38	28%
MMM6:	2	2%



“It was excellent to get the patient and the carer’s perspective- incredibly valuable to consider caring for the carer more.”

“Very helpful and just the beginning of the journey in learning more about mental health.”

VACCHO Gathering Support

In May 2022, VACCHO held its inaugural Statewide GP Gathering in Yorta Yorta country. This two-day event offered cultural and clinical education, peer support and professional development to doctors working in an ACCHO in Victoria. The gathering was attended by 37 doctors, along with partners and immediate family members.

Through the federally funded Health Workforce Scholarship Program, RWAV worked closely with VACCHO to facilitate funding for education, travel, and accommodation for participating doctors.

Outreach Locum Hardship Grant

Eligible practices were invited to apply for the Outreach Locum Hardship Grant outlining details of support needed to address their workforce shortage issues. Grants were then awarded to shortlisted services and GP locums were provided.

RWAV achieved the program objectives by:

- providing stop-gap support for Victorian health services in priority locations that were experiencing increasing demand due to workforce shortages by allocating

funding to attract eligible specialist GPs to undertake a minimum four-week placement

- providing two general practices and three ACCOs, with a total of 35 weeks GP locum support. By partnering with stakeholders, this allowed the local health workforce impacted by the COVID-19 pandemic and staff shortages to recruit permanent sustainable GPs.
- recruiting one permanent GP, while the remaining practices continued to use ongoing RWAV GP locum services

MDRAP and RLRP

RWAV administers two programs on behalf of the Commonwealth Government for medical practitioners who don't hold specialist qualifications. These programs allow doctors who are non-vocationally registered to work in rural regions and Aboriginal Health Services in order to access Medicare.

More Doctors for Rural Australia Program (MDRAP)

MDRAP commenced in 2019, as part of the Stronger Rural Health Strategy. It aims to improve quality and service volumes for 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. As part of the MDRAP, doctors in rural communities are supported in transitioning to a college pathway or recognised training placement.

In the 2021/2022 financial year, RWAV approved 81 applications for the MDRAP.

Aboriginal Community Controlled Health Service

1

Community Health Centre

5

General Practice

75

Rural Locum Relief Program (RLRP)

RLRP was superseded by MDRAP in May 2019. RWAV continues to provide program support to all doctors who were on the RLRP prior to this date until they complete the program with the aim of achieving fellowship with either the RACGP or Australian College of Rural and Remote Medicine (ACRRM). At the end of June, there were 10 doctors remaining on the RLRP. This program will cease on 30 June 2023.

RLRP Status	Total
Doctors in monitoring	10
Doctors on a final Extension	5

Success!

Doctors and practices on both the MDRAP and RLRP programs are well supported by the GP Programs team. They have regular scheduled contacts and meetings, with frequent updates on changes to college pathways and a monthly My MDRAP e-newsletter. Additional support is provided by RWAV's Medical Advisor and Clinical Educator program, as well as learning and development meetings.

Case Management Meeting	Total
Compliance Case Management	94
Support and Engagement Meetings	138
Learning and Development Meetings	47
Career Advice	2

Our team was delighted that 124 doctors met the MDRAP and RLRP objectives to enter into a college pathway by obtaining a training placement or obtaining fellowship in the 21/22 financial year.

Gratitude!

With so many doctors progressing through our GP program, we were happy to receive positive feedback directly from the doctors and practices.

“I am excited to commence my PEP program, but at the same time very anxious to leave MDRAP, where I felt well supported.

Hope I will find a caring support person like you and I extend my sincere thanks for the wonderful support you have given during my time with MDRAP. “

Dr S | 17/6/2022

“Many thanks to you and your team for your amazing support.”

Dr G | 29/6/2022

“Thank you so much for all the support provided by MDRAP. As I started as a GP with no prior experience the support I received from RWAV is immense. I’m comfortable working more independently now.”

Dr K | 3/7/2022

“It’s my pleasure to be part of your successful organisation and thank you for the ongoing support. I’m going to miss you but hopefully will meet in near future.”

Dr H | 12/7/2022

Cultural Safety Training

RWAV collaborated with the VACCHO to facilitate Cultural Safety Training (CST) workshops for primary healthcare providers and support staff across rural Victoria.

All sessions are delivered by experienced Aboriginal and Torres Strait Islander facilitators and are limited to a maximum of 20 participants. Sessions are run once a month and are currently being held online.

These sessions are funded by the Commonwealth Department of Health, and are offered to eligible healthcare providers and healthcare students. CST is mandatory for all healthcare providers engaged in the RWAV outreach program.

In the 2021/2022 financial year, 107 participants attended CST organised by RWAV. Attendees came from a range of healthcare backgrounds including allied health assistants, psychologists, occupational therapists, social workers, practice managers, optometrists, mental health clinicians, podiatrists, GPs, nurses, administrative staff and managers, and medical students.

Participants reported a significant increase in their knowledge of cultural safety, including knowledge and understanding of Aboriginal cultures, peoples and communities. They also noted an increased confidence in their ability to effectively engage with Aboriginal and Torres Strait Islander peoples and communities.

Examples of feedback:

“Ask, listen and learn! Everyone is different.”

“I loved the idea of displaying the Aboriginal flags within our reception area to ensure we are providing a safe place for clients of all cultural backgrounds.”

“The facilitator was incredible! I learnt so much about First Nations Australians and how to practically connect, learn and appreciate First Nations communities in Australia.”

“Incredible historic background, wonderful stories, important messaging, emphasis on listening, hearing and taking time.”



Hiring health professionals

RWAV's core aim is to improve access to quality, affordable health care for all Victorian rural, regional, and Aboriginal and Torres Strait Islander communities.

We work collaboratively with rural practices to identify jobs and provide a no-fee, end-to-end recruitment service. As part of their work, the team also works closely with the sector to identify strategies to attract, retain and support rural and remote health professionals.

For job seekers, we use a holistic approach to find the right role in rural Victoria. We assess their eligibility, skills, experience, and professional and educational goals to match them with a practice that suits their needs. Post-placement support is also provided to candidates and their families.

Our recruitment services include:

- access to the most comprehensive list of GP jobs across regional and rural Victoria
- a tailored consultation with one of our dedicated team
- access to a number of grants, including relocation and upskilling

- career and registration pathway support
- access to 3GA programs, including the More Doctors for Rural Australia Program (MDRAP) administered by RWAV
- ongoing post-placement support

RWAV has been partnering with rural practices, ACCOs and community health organisations in Victoria for over 20 years. We consider all cultural aspects, and we understand the challenges and complexity of recruiting health professionals. From advertising vacancies and screening candidates to negotiating start dates, we handle it all. We manage the paperwork required to get our health professionals ready to work so they can get on with the business of running their practices.

As a no-fee rural healthcare agency, our recruitment team offers in-depth industry knowledge and expertise to guide candidates through each step of the recruitment process.

Placements by Primary Health Network

Placements 2021 - 2022

36 total

25 General Practitioners (GP)

11 Allied Health & Nursing (AHN)

9 GP | 2 AHN*
*Allied Health & Nursing

7 GP | 7 AHN*
*Allied Health & Nursing

1 GP

8 GP | 2 AHN*
*Allied Health & Nursing

We placed care professionals in:

- Ballarat
- Birregurra
- Drysdale
- Echuca
- Flora Hill
- Gisborne
- Kilmore
- Lakes Entrance
- Mildura
- Moe
- Orbost
- Portland
- Robinvale
- Romsey
- Timboon
- Traralgon
- Warrnambool
- Wodonga
- Woodend
- Yarrawonga



Feedback from Judith Murray, Quality Improvement Coordinator at Njernda Aboriginal Corporation – Echuca

The Njernda Aboriginal Medical Centre has engaged with RWAV for many years and has supported our organisation with Outreach Service Provision. This means Aboriginal clients can have their services provided at our medical centre where they have cultural safety and connectedness. Without these services our clients would not engage and, therefore, health outcomes and Closing the Gap initiatives would be impacted.

RWAV have been most supportive in locum and permanent staffing. The team has been helpful and efficient in their support of locum GPs. They have returned to our service on multiple occasions. We feel that it has been a mutually beneficial arrangement where we've been able to expose locums to a positive experience working in Aboriginal health.

RWAV has also been supporting us with permanent placement including, most recently, a psychologist. Feedback from staff engaged through RWAV is that they have provided a supportive and professional service with the best outcomes at the centre of their efforts.

We are grateful for their care and support and look forward to future engagement and support from RWAV.

Sincere thanks and appreciation to the entire team.

My journey from the UK to Australia: Dr Asha Jeganathan

Moving from the UK was challenging; however, finding a GP role through RWAV was the greatest opportunity.

I am currently a GP in Warrnambool. My journey with RWAV started around December 2020. I decided to move from the UK to Victoria when RWAV made the process of sourcing a job in Warrnambool a smooth one. There was a lot of red tape, as with any overseas recruitment, but RWAV was very supportive.

Within four months of applying for a GP role with RWAV, I was offered a job offer at Gunditjmara Aboriginal Co-operative. Thank you to RWAV staff who professionally administrated the recruitment process and were always ready to help with all my questions and requests.

RWAV relocation grant has supported me with my rental payment.

I have recommended RWAV to a few of my colleagues in the UK.



RWAV GP Locum Program

RWAV's GP Locum Program has been an integral part of the support provided to rural and regional communities in Victoria. It assists with doctor retention by enabling them to take breaks, and in recent years, due to workforce shortages, it has assisted solo practices that use a permanent locum model.

RWAV provides end-to-end recruitment, industry and workforce advice and support for practices and locum GPs.

GP Locum vacancy snapshot 2021-2022

317 vacancies



125 On Call



117 Visiting Medical Officer (VMO) Requested

63 ACCO Vacancies

22* Total Unfilled

93% Fill rate

Locum placement snapshot 2021-2022

258

5942

Total Placed Sessions

65

1630

Aboriginal Controlled Community Organisation (ACCO) Placed Sessions



85 On-Call



78 VMO Placed



48 New Locums



13 New Practices

Locum stories, testimonials

Locum testimonial Andrew Philips, Manager at Orbost Regional Health

In November 2021 we lost three GPs in one day. This reduced our GP workforce to one permanent GP. It was nowhere near enough doctors to serve our community of almost 4,000 people.

I can't speak highly enough of RWAV staff who immediately recognised our problem and had our first locum placed within three weeks, RWAV has managed to support us with a total of 11 different locums for a total of 32 weeks. It's a testament to their good work that one of the GPs they sent as a locum in August 2021, returned to us earlier this year as a permanent GP.

Locum support to Apollo Bay

The Apollo Bay Medical Centre is thrilled to welcome locum doctor Ed Mulvey to our health service. It would not have been possible without funding and support

from the Rural Workforce Agency Victoria (RWAV).

Great Ocean Road Health practice manager, Mandy Farrelly, said: "Our medical practice has continued to rely heavily on locum support from RWAV, and even more so during the pandemic.

Apollo Bay, along with many other regional towns across Australia, face extreme workforce shortages, along with an increase in the number of patients who have recently moved to the area.

Great Ocean Road Health CEO, Sandy Chamberlin said "We cannot thank RWAV enough for their ongoing support and commitment. Our health service has benefited from significant locums throughout the last few years, and felt thoroughly supported during these very difficult times.



Locum support to Casterton Coleraine Medical Centre – Casterton

Casterton Medical Clinic and Coleraine Medical Clinic are well-established clinics providing daily services to the Casterton Memorial Hospital and Coleraine District Hospital. For the past three years they've had severe GP workforce issues, going from equivalent 4 EFT to currently only one permanent GP (principal) and one registrar across both sites. This makes the practice heavily reliant on locum services to meet community needs.

RWAV is addressing these workforce challenges by providing ongoing locum GPs.

One of the initiatives developed by RWAV was to engage locums through a hybrid model where they work both onsite and also provide telehealth service support. This hybrid telehealth model has provided some continuity and support to the practice.

“Working in ‘last town before the SA border’ we rely heavily on RWAV to supply GP Locums due to workforce shortage. Thank you to all the GP Locums who undertake to serve the people of these rural areas your work is critical, and without RWAV to so competently manage the placements, we would be in dire straits. RWAV is our first port of call.”

CC Medical Clinic Casterton

Locum support to Walwa

The picturesque town of Walwa utilises an ongoing roster of locum GPs to provide service to the Bush Nursing Centre.

RWAV has worked with Walwa for over 10 years, supplying locum GPs and also permanent nursing staff.

Husband and wife locum team and Victorian Rural Health Award finalists' Dr Ian and Dr Stephanie Partridge have supported Walwa Bush Nursing Clinic and RWAV for over four years.



Locum webinar

RWAV hosted a webinar on 'Becoming a Rural GP Locum' on Thursday, 13 January 2022 for doctors considering becoming a rural GP locum.

The webinar was designed to provide the best tips and tricks for GPs considering a locum placement. A range of GPs who have done it all before gave the inside word on resources for new and potential locums, answered questions and explained how RWAV could support doctors on their locum journey.

RWAV keynote guest speakers were Dr Lesley Cadzow, Dr Clare Rocznik, Dr Max Higgs and Dr Denis Chew, and they were on hand to share their working experiences and stories in rural Victoria.

Outreach Programs

RWAV are fund holders for eight Commonwealth Government funded outreach programs.

Victoria's rural, regional and Aboriginal and Torres Strait Islander communities gain better access to maternal and paediatric, mental health, chronic disease management,

and ear and eye health care through these programs.

Many of these programs fund health professionals to cover out-of-pocket expenses associated with their travel and associated costs, with the Indigenous Eye and Ear Surgical Support Service extending funding for patients and caregivers.

Healthy Hearing– Better Hearing Better Listening (HEBHBL)

The aim of the Healthy Ears – Better Hearing, Better Listening (HEBHBL) program is to increase access to a range of health services including expanded primary health for Indigenous children and youth (0 – 21 years) for the diagnosis, treatment and management of ear and hearing health. Services supported through HEBHBL are delivered in MMM 2 – 7 locations.

RWAV received 37 applications for HEBHBL funding and a total of \$116,501.10 was spent for the 2021-22 financial year.

Program highlights:

Recommencing face-to-face engagement and conducting two visits to Mallee District Aboriginal Cooperative, Murray Valley Aboriginal Cooperative in the Murray region, Ramahyuck District Aboriginal Corporation and GEGAC in the Gippsland region.

Medical Outreach Indigenous Chronic Disease Program (MOICDP)

The aim of Medical Outreach Indigenous Chronic Disease Program (MOICDP) is to increase access to a range of health services, including expanded primary health care services for Aboriginal and Torres Strait Islander communities in the treatment and management of chronic diseases.

The priorities are the treatment and management of chronic diseases such as diabetes, cardiovascular disease, respiratory disease, renal disease and cancer.

RWAV received 118 applications for MOICDP funding and a total of \$981,344.34 was spent for the 2021-22 financial year.

Program highlights:

Early identification of Aboriginal and Torres Strait Islander community needs and health choices.

Eye and Ear Surgical Support (EESS)

The Eye and Ear Surgical Support (EESS) program aims to reduce instances of avoidable blindness and deafness in Aboriginal and Torres Strait Islander populations by improving access to eye surgery (largely cataracts) and/or ear surgery for conditions resulting from Otitis Media.

Aboriginal and Torres Strait Islander people have higher incidences of eye and ear disease. Their health, social interaction, connection to country, culture, spirituality and quality of life may suffer. The EESS forms part of the Closing the Gap – Improving Eye and Ear Health Services for Indigenous Australians.

A total of \$84,206.88 was spent on this program for the 2021-22 financial year.

Program highlights:

Collaborating with key public hospitals such as Bendigo Health, Echuca Regional Health and the Rural Victorian Eye and Ear Hospital (RVEEH) to develop a pilot hub and spoke model support eye/ear referral pathways for Aboriginal and Torres Strait Islander patients within the Echuca region.

Rural Health Outreach Fund (RHOF)

The RHOF focuses on improving health outcomes for people living in rural and regional Victoria.

This scheme provides flexible funding to support health professionals performing outreach health services by covering travel, accommodation, meals, and other associated expenditures. Outreach funds cannot cover salaries – Medicare should be billed where possible.

The priorities are maternal and paediatric, mental health, chronic disease management, and eye care.

RWAV received 177 applications for RHOF funding and a total of \$2,300,216.85 was spent for the 2021-22 financial year.

Program highlights:

Increasing the number of allied health professionals delivering a program under RHOF attracts more specialists than allied health professionals to provide outreach visits across regional Victoria.

Supporting public and private health professionals in delivering RHOF outreach services. Most RHOF members are from the private sector, accounting for 88% of service provision.

Visiting Optometrists Scheme (VOS)

Outreach Visiting Optometrists Scheme provide eye care in rural and regional locations. As part of the scheme, eye health services and visiting optometrists will collaborate to improve patient care.

RWAV received 30 applications for VOS funding and a total of \$435,443.99 was spent for the 2021-22 financial year.

Program highlights:

Multiple initiatives have expanded eye

health services across Victoria, such as funding junior health professionals to train for outreach services. VOS has been further advanced, and its links with other RWAV-funded programs have been improved. This includes the Medical Outreach Indigenous Chronic Disease Program (MOICDP), Rural Health Outreach Fund (RHOF), Eye and Ear Surgical Support (EESS) and Coordination of Indigenous Eye Health (CIEH).

Dr Jennifer Coller

After years of providing cardiology outreach clinics to regional Victorian regions, Dr Jennifer Coller decided to relocate to the Goulburn Valley. She shares her good news story below.

It was when working in the emergency departments that I started to realise I enjoyed cardiology. After completing my Fellowship exams, I specialised in that area, concentrating mainly on echocardiography (ultrasound of the heart) and heart failure.

I found it rewarding to see how optimising medications can make a big difference in patients' quality of life. Many patients struggled financially, even having trouble paying for essential heart medications. It was challenging to return to the city and observe how much better access patients in metropolitan areas had to cardiologists and testing.

Eventually, I started a small cardiology practice to address some of those issues by enabling video telehealth consults and outreach for patients in regional Victoria. We opened only two months before the COVID-19 pandemic. It suddenly became difficult for patients in regional areas to

access their cardiologists who were based in Metropolitan Melbourne. Cardiology outreach services from Melbourne were also suddenly reduced. I did a lot of telehealth to support patients in regional Victoria. Still, it was often tough to get an accurate picture of patients with heart failure by telehealth, so I got back out on the road again to see people in person where needed.

Support from the Rural Workforce Agency Victoria has been crucial in establishing our outreach clinics during those challenging years and ensuring their financial viability. We now run cardiology clinics at the Shepparton Medical Centre (cardiologist and nurse practitioner) and Cobram Medical Clinic, as well as an echocardiography service in Numurkah.

I'm very fond of the Goulburn Valley area, and I've had enormous support from the healthcare professionals and patients there. Working in regional Victoria has reconnected

me with my love of cardiology. Every day I can see the positive impact of both the clinics and cardiology education.

In the end, I was spending so much time in the Goulburn Valley, I decided it might be time to move! After relocating to Shepparton with my family, I'm excited to have more time to dedicate to growing cardiac services in the area.



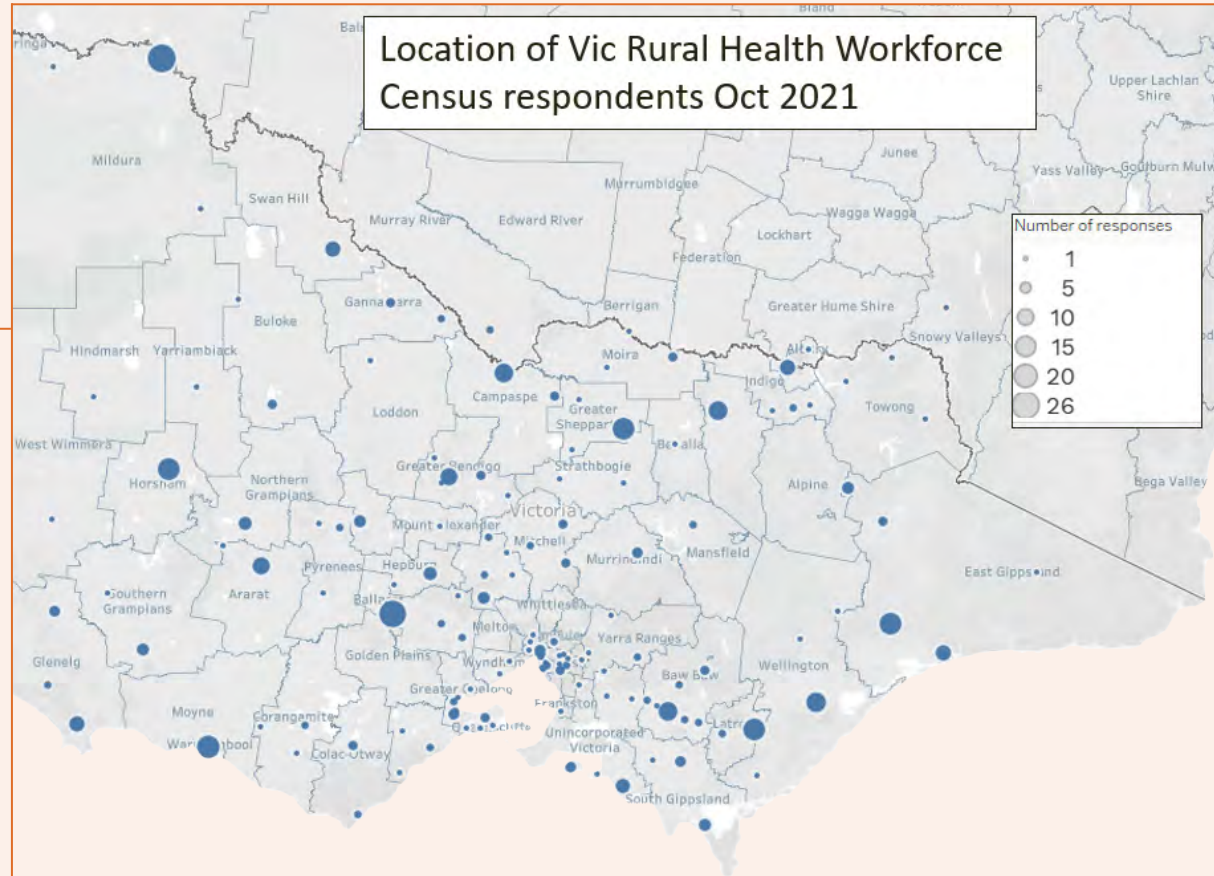
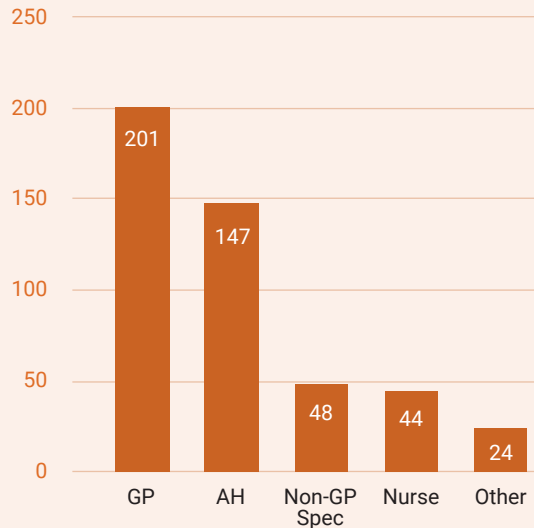
Support services

Support services are the backbone of our core services. These services are essential for us to improve the quality of our core services and provide high-value solutions to current challenges in Victorian rural health care.

Rural Health Workforce Census and Health Workforce Needs Assessment

We received 464 usable responses in the Victorian Rural Health Workforce (RHW) Census. The responses represented rural areas well and produced a good cross section of health professionals. This RHW Census was the first survey that collected information from GPs as well as nurses, allied health practitioners, other doctors and community members.

Census Occupation Count (N=464)



Visas for GPs

The Visas for GPs initiative directs overseas-trained doctors to Australian areas in need. These doctors are deployed to areas that have lower access to primary healthcare services such as rural, remote and regional areas of Australia.

Between June 2021 and July 2022, RWAV processed 179 Visas for GPs applications (general practices only). Of those, 166 were approved and 13 were declined. The usual reason why an application is declined is because it falls in a non-Distribution Priority Area (DPA) region.



Joint advocacy to increase VACCHO's access to more health workforce data through HeaDS UPP

On 6 May 2022, VACCHO, RWAV and the Commonwealth Department of Health's HeaDS UPP branch met to discuss opportunities to increase health workforce data access within the ACCHO sector in Victoria.

The aim was to improve health outcomes of Aboriginal and Torres Strait Islander communities. It was agreed that increasing VACCHO's access to workforce data programs, such as the Commonwealth Government's Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool, would be one way of supporting the health workforce needs of ACCHOs in Victoria. The meeting was successful in initiating the approval process for VACCHO's



access to the HeaDS UPP workforce tool with the Commonwealth Department of Health.

RWAV is delighted to be part of a joint advocacy for a significant pilot data partnership between VACCHO and the

Department of Health's HeaDS UPP branch within Victoria. RWAV strongly believes that Aboriginal and Torres Strait Islander health and wellbeing can be better supported by increasing data access on the ACCHO workforce, and through data interpretation using a strong First Nations lens.

Engagement and advocacy

When RWAV engages with its community, it focuses on **clear and consistent communications**. The health professionals we support and assist are at the centre of everything we do, and strengthening our engagement with them contributes to authentic and stronger relationships, and more effective advocacy.

Our relationships with stakeholders also grow stronger through good engagement and advocacy, and this enables RWAV to deliver sustainable health workforce solutions. It means we're able to influence policy positions to improve access to health care for Victorians living in rural areas and Aboriginal and Torres Strait Islander People.

The experience of customer and engagement are two sides of the same coin. We not only see ourselves as service providers, but as advocates for better access to health care in country Victoria. So, as well as improving our services, we worked on staying engaged with our customers on three levels.

1. Organisations that share our vision
2. Individual health professionals who help us achieve our goals
3. The future workforce, so we can provide the best resources for them to be prepared for the road ahead

With organisations

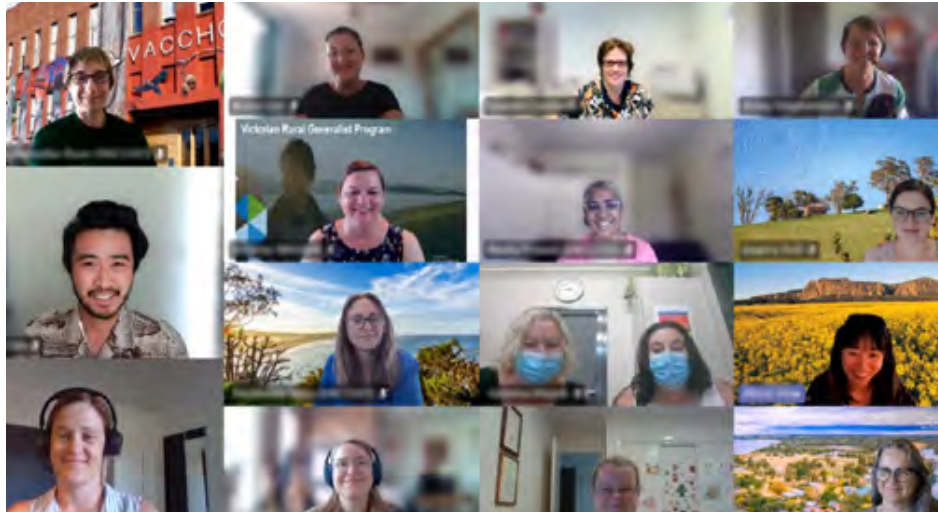


Collaborating with other RWAs

Our Rural Workforce Agency (RWA) colleagues across the country are important collaborators with us. All RWAs work collectively to improve the recruitment and retention of the health workforce across rural Australia. We meet weekly to share our expertise in health workforce barriers and solutions that are unique to our different regions. RWAV values the RWA cross-jurisdictional discussions that work towards nationally consistent initiatives to support the rural workforce.

Enhanced engagement with our Health Workforce Stakeholder Group

The findings of the Health Workforce Needs Assessment are endorsed by our Health Workforce Stakeholder Group (HWSG). With over 50 members, they represent rural health services, training organisations and peak bodies across rural, remote and Aboriginal and Torres Strait Islander communities in Victoria.



With health professionals



Allied Health Forum open consultation position paper

RWAV recognises the critical role allied health practitioners play in rural communities. Under RWAV's Allied Health Strategic Plan, we've boosted our engagement and advocacy efforts in the allied health space with some key activities in 2022.

Position paper

Based on extensive feedback with the sector, RWAV has developed a position paper on 'The Value of Rural Allied Health'. The paper expresses RWAV's collective vision for rural allied health, including our commitment to this vision in practice. We see this through workforce support and activities planned, completed and underway across the different parts of the organisation.

Rural Allied Health Primary Care Solutions Forum

RWAV held a three-hour online forum on Thursday 26 May 2022, to engage a broad spectrum of allied health industry stakeholders. It offered opportunities for open discussion and feedback about key sector issues. The event featured presentations from RWAV, Deputy National Rural Health Commissioner Associate Professor Faye McMillan and researcher Dr Cath Cosgrave.

Open Consultation Survey

RWAV hosted an online survey, to capture the ideas and inputs of allied health practitioners across Victoria on RWAV's priorities for action regarding allied health issues and practitioner needs.

MDRAP-RLRP Stakeholder Group

The Stakeholder Group is an initiative of RWAV. A Victorian-based consultative committee, it's composed of a broad range of stakeholders with relevant knowledge and expertise about education and support for non-specialist GPs on the Rural Locum Relief Program (RLRP) and the More Doctors for Rural Australia Program (MDRAP).

The discussions through the Solutions Forum and Open Consultation have also had the unexpected benefit of revealing what allied health practitioners love about their careers and communities:

“Services in rural settings work incredibly well together and have very positive networks”

– Open Consultation Respondent

“The dedication of the practitioners working in rural health, very willing and active in supporting each other and finding innovative ways to get things done”

– Open Consultation Respondent

“Opportunity for regional/rural allied healthcare workers to reach out for support via RWAV and voice any questions/concerns”

– Open Consultation Respondent

“Their workplace has a “Great relationship with the community”

– Open Consultation Respondent

“Passionate and engaged staff” at their workplace”

– Open Consultation Respondent

With health professionals

Victorian Rural Health Awards 2022

Since 2005, RWAV has proudly hosted the annual Victorian Rural Health Awards. These awards honour the exceptional medical professionals, nurses, allied health professionals, Aboriginal health workers and practice managers working across rural Victoria.

This year, the awards generated increased interest across our state. The nominations we received conveyed stories about the service, bravery and resilience of healthcare professionals in country Victoria. The awards ceremony was held online on Thursday, 16 June 2022 and the number of attendees doubled from last year (140).

This year's winners were:

Rising Star Award: **Jessica Barton, Corryong Health**

Outstanding Contribution to Rural Allied Health: **Dr. Erin Dolan, Warragul**

Outstanding Contribution to Rural Practice Management: **Jane Garrett, Euroa**

Outstanding Contribution to Aboriginal and Torres Strait Islander Health: **Tanya, Geier, Warrnambool**

Outstanding Contribution by a Rural Health Team: **Renee Kelly, Mildura**

Outstanding Contribution to Rural Outreach Provision: **Jacinta MacCormack, Dixons Creek**

Outstanding Contribution by a Rural Health Consumer Advocate: **Kellie O'Callaghan, Traralgon**

Outstanding Contribution by a Rural GP or Rural Generalist: **Dr John Urie, Bairnsdale**

Outstanding Contribution to Rural Primary Care Nursing: **Stuart Wilder, Hamilton**

Outstanding Contribution by a Rural Medical Specialist: **Dr Vijay Raj, Shepparton**

Length of Service Award

» Dr Andrew Kirwan, Woori Yallock

» Dr Antonio De Sousa, Kilmore

» Dr James (Cheng), Echuca

» Dr David Tillet, Wodonga

» Dr Derek Pope, Ararat

» Dr Jonathan Barrell, Daylesford

With future workforce

“I got to experience the culture of a rural hospital which I found to be accommodating. Lots of hands-on experience in smaller teams too, easier to feel part of the team as a student.”

Placement location – Mildura

“I was able to build rapport with patients whom I saw multiple times throughout my placement and I was able to continue care over the 3 weeks. I was able to see the lovely community feel surrounding primary rural care and how nice it is to follow patients throughout their care pathway.”

Placement location - San Remo

Future Workforce Grants Program

The Future Workforce Grants Program assisted 129 allied health, nursing and medical students to participate in career development activities including exam preparation, clinical placements and event attendance across Victoria.

RWAV’s Rural Clinical Placement Grant supported 106 students with travel and accommodation costs, allowing them to participate in clinical placements across Victoria. Fifteen secondary school students were able to access exam preparation classes in order to prepare for the University Clinical Aptitude Test (UCAT) exam that is required for entry into medicine at Monash University.

Three rural health-focused events including a career expo, career night and student council meeting, were sponsored through Future Workforce Grant funding. The Rural Medical Career’s Night in Ballarat was one of those events.

Rural Health Clubs

Rural Health Clubs are university groups that provide medical, nursing and allied health students with the opportunity to learn more about rural lifestyles and rural practice. The clubs provide members with a forum for group discussion on rural health issues and the opportunity to learn about postgraduate careers. RWAV meets with the presidents of the Victorian Rural Health Clubs every six weeks to discuss event ideas, challenges and opportunities for collaboration.

RWAV Rural Ambassador Program

The Rural Ambassador Program supports individuals who are currently studying a health discipline in a Victorian university, and are passionate about rural health, to attend career exhibitions, conferences and rural health-focused events around Victoria. The program is designed to encourage rural and regional-based secondary school students and young adults to consider taking up health careers.

With future workforce



DRJuMP

Dr Jump is a coordinated approach to medical mentoring that connects regional Victoria health professionals via a website called MentorLoop. It's designed to build valuable mentoring relationships that support all stages of training and professional development. The project was developed through a working group set up by the collaborating partners with representatives from MCCC GP Training, the university training hubs, the Victorian Rural Generalist Program, Post Graduate Medical Council of Victoria and Echuca Health.

RWAV provides expertise and promotional support to this mentoring initiative.

Bonded Medical Program

The Bonded Medical Program offers participants a Commonwealth-funded place in medicine at an Australian university. In return, students agree to complete a return of service obligation (ROSO) for a pre-determined period of time in a regional or rural location. RWAV assists bonded participants with queries relating to information on eligible locations, ROSO progress and opt-in advice, recruitment support.

Collaboration with early career speech pathologists

RWAV recently caught up with Speech Pathology Australia to discuss how we could assist speech pathologists to find their perfect role and support their ongoing professional development in regional and rural Victoria.

Thank you, Anthony

A tribute to a stalwart of rural health, invaluable member of the leadership team, friend and colleague, and the soul of RWAV.



On 22 June 2022, RWAV leadership delivered the sad news to the team, our stakeholders and the broader RWAV community of the sudden passing of Anthony Webb, who was RWAV'S General Manager, Operations and Finance.

The entire team at RWAV was shocked at this great loss, and the heartfelt tributes to Anthony's contributions began pouring in from individuals and leading health organisations.

Originally from rural Queensland, Anthony trained as a solicitor and held a BA in Law, and a Graduate Diploma in Health Management. He worked with Queensland Health and Central Highlands District Health Service.

Anthony dedicated over 22 years of unwavering commitment to RWAV and all things rural health. He was an invaluable member of RWAV's leadership team and an integral employee of the organisation. He held various roles in finance, governance, risk management and compliance, and he supported generations of CEOs, Boards and teams, which he helped develop to their fullest potential.

Anthony Webb will be dearly missed as a friend and colleague at RWAV. But above all, we'll remember Anthony for his knowledge, wisdom, charm and dreams, and as a wonderful human being and the soul of RWAV.

Thank you, Anthony.

“

He was a good person to work with and was one of the GMs who led the way in the early RWAV days. He certainly kept our budget clear and transparent, and tight. He was also instrumental in managing the Commonwealth housing project that significantly impacted placing registrars in rural towns where accommodation was almost impossible to find (similar to now). Those houses are still used for the same purpose here in Lakes Entrance. My condolences to the RWAV staff who have worked with him for many years.

”

Cr Jane Greacen OAM (Past CEO RWAV)



Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2022

	2022	2021
	\$	\$
Revenue	13,756,680	14,251,904
Projects and grants expense	(7,363,489)	(7,113,639)
Employee benefits expense	(5,172,644)	(4,605,371)
Depreciation and amortisation expense	(353,755)	(272,040)
Other expenses	(998,897)	(1,353,926)
Finance expenses	(16,984)	(32,114)
(Deficit)/surplus for the year	(149,089)	874,814
Other comprehensive income		
Revaluation of financial instruments at FVOCI	(78,216)	89,516
Other comprehensive income for the year, net of tax	(78,216)	89,516
Total comprehensive income for the year	(227,305)	964,330

Statement of Financial Position

As at 30 June 2022

	2022	2021
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	8,735,744	6,132,985
Trade and other receivables	127,756	61,087
TOTAL CURRENT ASSETS	8,863,500	6,194,072
NON-CURRENT ASSETS		
Trade and other receivables	193,710	193,600
Financial assets at fair value	8,217,850	7,532,854
Property, plant and equipment	21,847	127,138
Right-of-use assets	1,347,426	191,944
TOTAL NON-CURRENT ASSETS	9,780,833	8,045,536
TOTAL ASSETS	18,644,333	14,239,608
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	2,735,385	2,921,382
Lease liabilities	185,813	264,186
Employee benefits	330,116	281,509
Provisions	1,783,934	1,238,097
Contract liabilities	7,670,116	4,545,796
TOTAL CURRENT LIABILITIES	12,705,364	9,250,970



Statement of Financial Position

(cont.)

As at 30 June 2022

	2022	2021
	\$	\$
NON-CURRENT LIABILITIES		
Lease liabilities	1,165,142	14,347
Employee benefits	72,896	46,055
TOTAL NON-CURRENT LIABILITIES	1,238,038	60,402
TOTAL LIABILITIES	13,943,402	9,311,372
NET ASSETS	4,700,931	4,928,236
EQUITY		
Retained earnings	4,746,145	4,895,234
Reserves	(45,214)	33,002
TOTAL EQUITY	4,700,931	4,928,236

RWAV

Board of Directors

Assoc. Prof. Morton Rawlin

Board Chair

Affiliate Prof Grant Phelps

Chair, Strategy Policy and Stakeholder Engagement Committee

Ms Jane Poletti

Chair, Governance Committee

Mr Roger Chao

Chair, Audit & Risk Committee

Ms Suni Campbell

Chair, People and Culture Committee

Dr Thileepan Naren

Dr Louise Manning

Mr Matthew Muldoon

Dr Rosemary Kelly

Dr Suzanne George

Director until November 2021



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