



# Victorian Rural Health Workforce Census 2024

**Shape the future of rural health in Victoria**

April, 2025



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## Executive Summary

The Victorian Rural Health Workforce Census 2024, led by the Rural Workforce Agency Victoria (RWAV), provides critical insights into the current state of the rural health workforce across Victoria. RWAV's mission is to deliver targeted, place-based workforce solutions to ensure equitable access to healthcare in rural and First Nations communities. The Census is a key evidence source informing the Victorian Health Workforce Needs Assessment (HWNA), a mandated deliverable under the Commonwealth's Rural Health Workforce Support Activity (RHWSA) Program.

This year's Census saw a 24% increase in participation, with 724 health professionals contributing, enhancing the statistical significance of the findings at a 90% confidence level. Results reveal ongoing and critical workforce shortages, particularly in general practice, nursing, mental health, allied health, and specialist roles. New and existing workforce hotspot locations have been identified across the Murray, Gippsland, and Western Victoria PHN regions, highlighting areas where access to healthcare remains at risk due to inadequate workforce coverage.

The Census also sheds light on retention and recruitment pressures. Alarming, 38% of respondents considered leaving their rural role in the past year, citing workload pressure, poor work-life balance, and limited career advancement. Key barriers to recruitment and retention include relocation costs, limited accommodation, childcare shortages, and professional development access—all of which challenge the long-term sustainability of healthcare delivery in rural Victoria.

In comparison to 2023, this year's Census used a more robust hotspot identification methodology, incorporating over 50 external health indicators alongside qualitative and quantitative Census data. This allowed for a more precise and dynamic mapping of workforce gaps, leading to the addition of new priority locations across all PHN regions.

This data underscores the urgent need for targeted workforce planning, investment, and policy interventions. Strategic responses, developed in partnership with local stakeholders, are vital to addressing persistent health inequities and securing a resilient, regionally distributed health workforce for the future.

### The Victorian Rural Health Workforce Census (the Census)

The Census collects data across rural and regional Victoria and Aboriginal and Torres Strait Islander health care services, and feeds into the Victorian Health Workforce Needs Assessment (HWNA), which is a mandatory reporting requirement under the Commonwealth Rural Health Workforce Support Activity Program (RHWSA), managed by RWAV. This evidence-based, consultative assessment aims to inform activities that enhance the access, quality, and sustainability of the health workforce in regional and rural Victoria.

Developed annually, the HWNA is grounded in findings from the Census, which are validated against a variety of external data sources such as population data, ABS data, and rural PHN Needs Assessments, alongside input from the 80 member RWAV Health Workforce Stakeholder Group (HWSG). The RHWSA Program seeks to address health workforce shortages and maldistribution across regional, rural, and remote Australia. RWAV's core activities in recruitment, retention, and workforce support are funded through this program, which is designed to meet current and future health workforce needs through strategic workforce planning.



## Methodology

RWAV conducted a comprehensive needs assessment between August 2024 and February 2025.

The Census was open from August 1 to September 15, 2024, and was accessible via the RWAV website. It was promoted across the sector through direct email, the RWAV newsletter, social media, and word of mouth. Additionally, many peak bodies supported the dissemination of the Census by sharing it through their internal and external networks.

### **This needs assessment utilised data from the following sources:**

- **RWAV 2024 Census:** A detailed survey of the rural health workforce designed to gather crucial insights from health workforce professionals.  
The analysis considered over 50 health indicators, including: socio-demographic information, lifestyle factors, disease incidence, screening rates, hospital admissions and years of life lost, to identify health needs and unmet health demands of the population. This analysis was performed at the Australian Statistical Geography Standard (ASGS) Edition 3 structure of Statistical Area 3 (SA3).
- **Stakeholder engagement:** Insights gathered through consultations with key health stakeholders.
- **Population health data:** Various health and social determinants, health inequalities, and demographic information at different geographical levels from the Public Health Information Development Unit (PHIDU) at Torrens University Australia.
- **HeaDS UPP:** Health Data Solutions for workforce planning and projections.
- **Aboriginal Community Controlled Organisations, and rural and regional Hospitals:** Collaborations to understand unique health workforce needs.
- **Internal RWAV data:** Organisational data for deeper insights.
- **ABS Data:** Demographic and workforce data from the Australian Bureau of Statistics.
- **PHN Needs Assessments:** Data from Primary Health Networks to understand regional healthcare demands.
- **RWAV Health Workforce Stakeholder Group:** Input from a diverse range of stakeholders to validate findings.

Receiving responses from rural and regional locations is vital because it provides insights into the unique challenges, needs, and strengths of healthcare professionals working in these areas. Rural regions often experience workforce shortages, limited access to specialized care, and greater health disparities compared to urban areas.

By capturing the perspectives of healthcare professionals in rural regions, the Census can help identify gaps in service delivery, barriers to recruitment and retention, and training needs specific to rural practice.

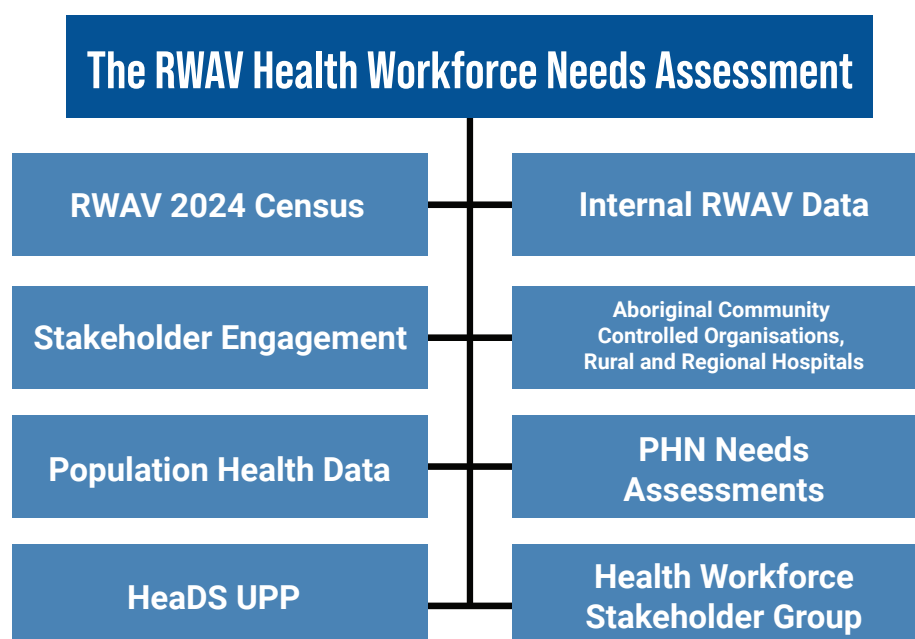


Figure 1: Data sets contributing to the RWAV Health Workforce Needs Assessment.

## Limitations

- The Census data only reflects the views of those who completed the survey.
- Certain demographics and professional groups may have been underrepresented, affecting the accuracy of conclusions. Responses from allied health professionals, general practitioners, and nurses/midwives are statistically significant at a 95% confidence level, ensuring the Census results are representative. However, responses from other health professionals, such as specialists, were insufficient for drawing conclusions about the rural and regional health workforce and its challenges. Certain geographical areas also remain underrepresented due to low response rates. To address this, RWAV sent personalised reminders to practices and participants, encouraging them to complete the Census. Additionally, RWAV plans to strengthen engagement by conducting in-person meetings with key stakeholders to further promote data collection.
- Some population health data used in identifying hotspot areas are published at long intervals, with some datasets dating back to 2020 such as population health data. This can reduce data quality and may not accurately reflect the population's current circumstances.
- Census data is collected at a specific point in time and may become outdated quickly, limiting its usefulness for tracking real-time workforce trends.
- Respondents may have provided incomplete, inaccurate, and inconsistent data, affecting overall data quality.
- The Census may not capture all relevant workforce factors.
- Some professionals may be hesitant to participate due to concerns about data privacy, reducing response rates or data accuracy.

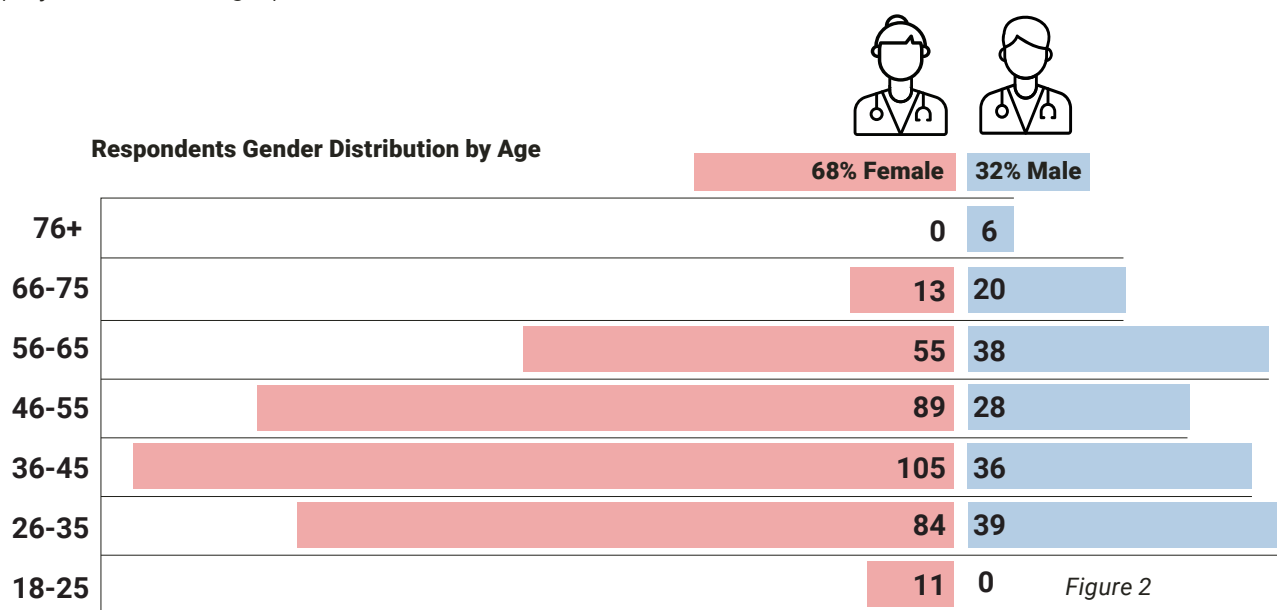
# Census 2024 Findings

## Census Demographics

The Census population is statistically significant at a 90% confidence level, meaning there is confidence that the results accurately reflect the views or characteristics of the Victorian health workforce. This level of confidence indicates that the chance of the results occurring randomly is minimal, supporting the reliability of the findings.

## Gender and Age

With a predominantly female participant base and a normally distributed age range, it aligns with the broader trend of a predominantly female workforce in healthcare. However, it's notable that the 66-75 age group is an exception where more men responded. This deviation could suggest some unique characteristics or interests among men in this age group, indicating there may be unique factors at play for this demographic.



Men aged 66-75 may have long-standing careers in rural health, often in leadership or specialised roles, which could make them more inclined to participate and share their experiences. In contrast, women in this age group might have retired or reduced their professional engagement, resulting in fewer responses. Additionally, the topics or framing of the Census questions may have resonated more with male professionals, encouraging their participation. There may also be a strong desire among men in this age group to maintain their professional identity, especially if they are still working part-time or in advisory roles.

Health Workforce Census Population  
+24% Increase from the 2023 RWAV Census

Figure 3

724

Education and Training Status

Australian Graduates 59%

Figure 4: Percentage of responses from Australian medical graduates

Receiving 59% of responses from Australian medical graduates in the Census is significant because it provides valuable insight into the composition of the workforce. The high proportion of Australian-trained professionals suggests a workforce familiar with local healthcare standards, policies, and patient care practices. This can help assess the impact of domestic medical education on workforce readiness and retention, particularly in rural and remote areas.

Cultural Safety Training 48%

Figure 5: Percentage of respondents who have completed cultural safety training in the last 3 years

Additionally, the fact that 48% have completed cultural safety training within the last 3 years is crucial, as it highlights the level of preparedness among healthcare professionals to deliver culturally appropriate care, especially to Aboriginal and Torres Strait Islander communities. Understanding these dynamics can guide workforce planning, training initiatives, and policy development to build a culturally competent and locally skilled healthcare workforce.

Primary Occupation

More than 35% of respondents who completed the survey are allied health professionals. 27% are general practitioners and 16% nurses and midwives. Having allied health professionals leading in Census participation, closely followed by general practitioners, is significant. It reflects the vital role these groups play in delivering healthcare services in rural and remote areas, where access to specialised medical care can be limited. allied health professionals often provide a broad range of essential services, complementing the work of general practitioners, who are often the first point of contact for patients.

Their strong representation in the Census ensures that workforce planning and policy decisions are informed by the perspectives of those most actively engaged in rural healthcare delivery. It also helps identify workforce challenges, training needs, and potential areas for professional development to better support these critical healthcare providers.

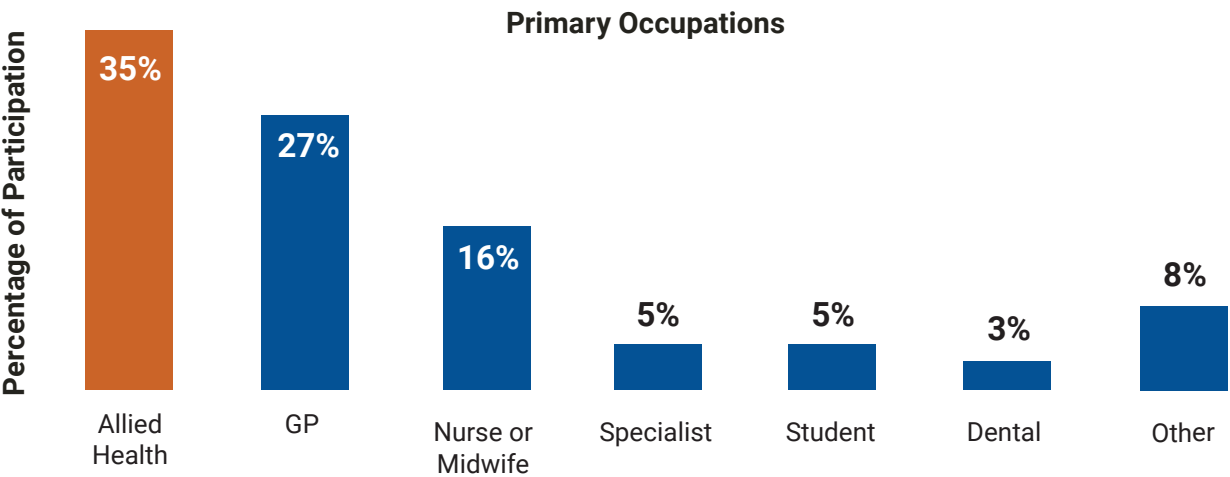


Figure 7: Percentage of participation by occupation

Current Employers

The majority of health professionals responding to the Census work for public hospitals.

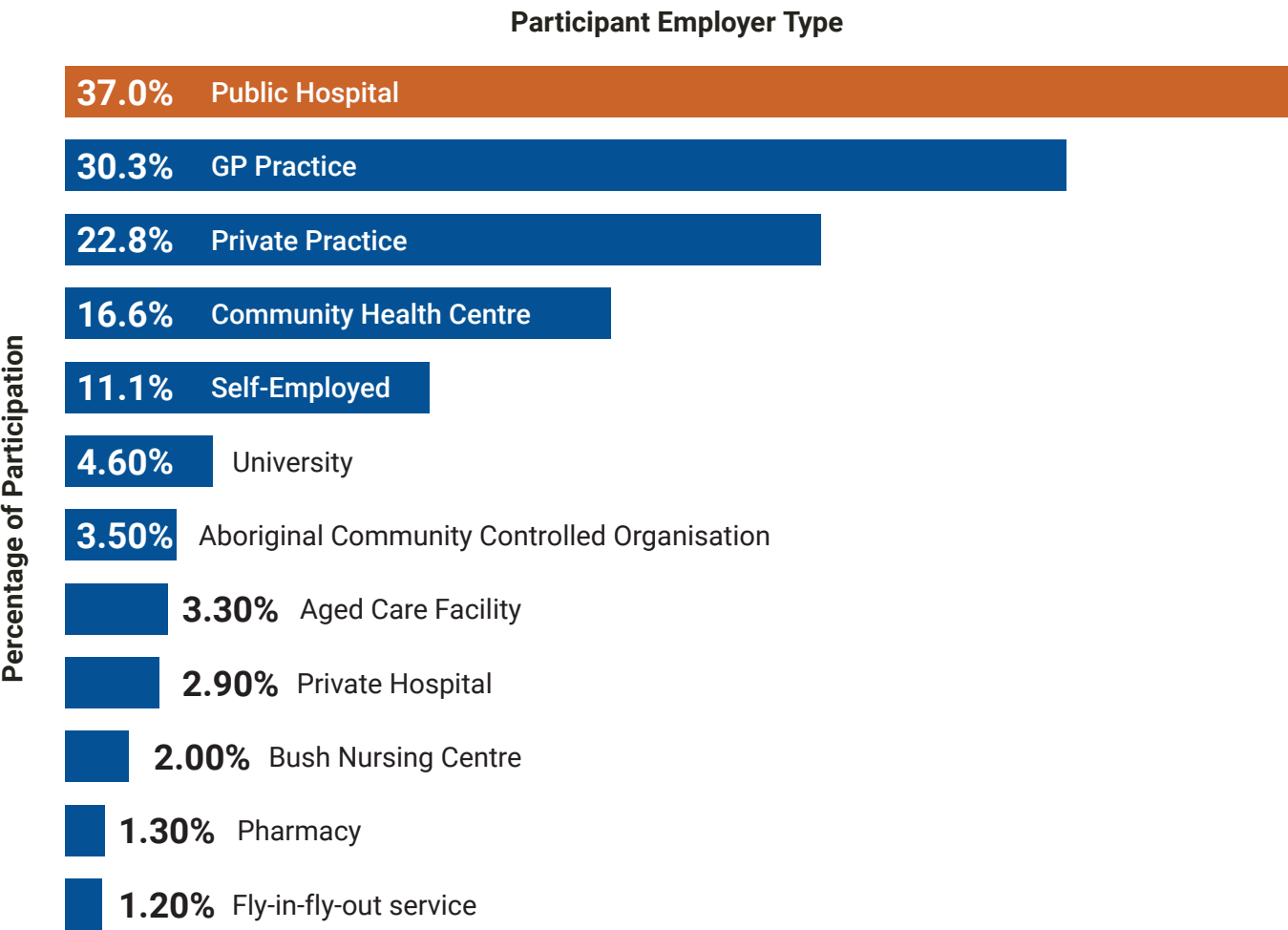


Figure 8: Percentage of participation by participant employer type

The responses from public hospitals in the Census are crucial for several reasons. Public hospitals are often the primary healthcare providers in rural and remote areas, serving a large portion of the population. By capturing responses from professionals working in these institutions, the Census provides a clear picture of the workforce dynamics, challenges, and needs within the public healthcare sector.



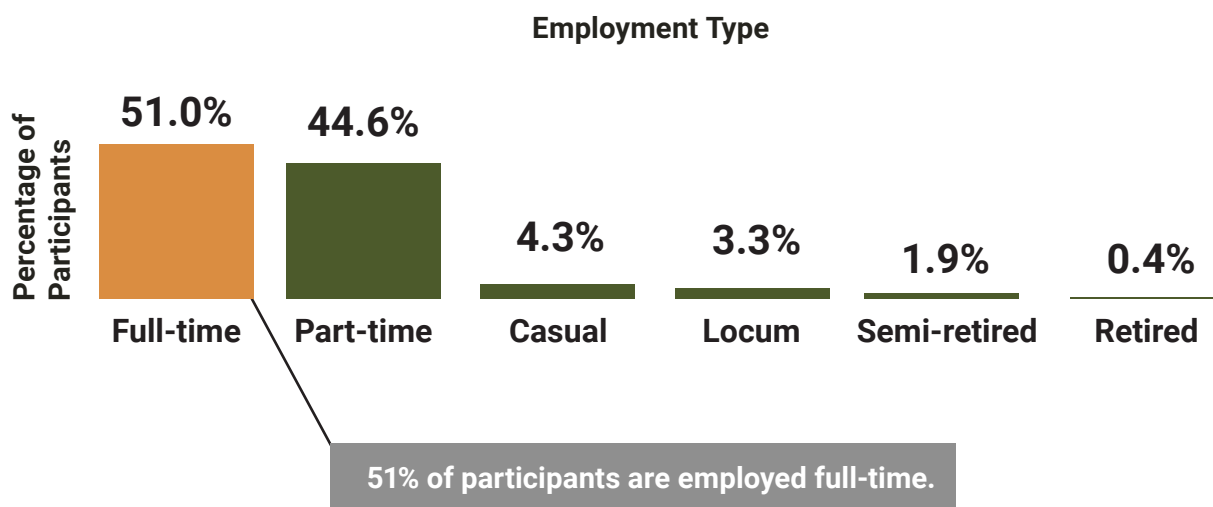


Figure 9: Percentage of Participation by Employment Type

The responses from both full-time and part-time employees in the Census are essential for understanding the stability and sustainability of the healthcare workforce in rural areas. Full-time workers often represent a more consistent and long-term presence in these communities, which is critical for providing continuous, quality care. Their input helps assess workload, job satisfaction, and potential challenges faced in rural settings, such as burnout or workforce shortages.

Additionally, the data from full-time and part-time employees can offer insights into the effectiveness of recruitment and retention strategies in rural health sectors. It also helps identify areas where additional support or resources may be needed to ensure that staff remain engaged and effective in their roles in their full-time or part-time capacity. This information is valuable for shaping policies aimed at strengthening the rural health workforce and improving care delivery in underserved areas.

## Geographical Distribution

### Primary Health Network (PHN) Region

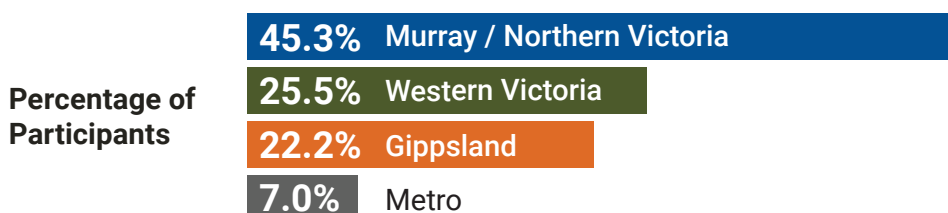


Figure 10: Percentage of participants by Primary Health Network (PHN) Region

## Health Workforce Needs

The healthcare workforce needs in rural Victoria are complex and multifaceted due to various challenges faced by the region. Some key aspects include workforce shortages, recruitment and retention challenges, skill gaps, access and equity issues, policy environments and technological integration.

### Top 5 identified occupational needs



- 1 General Practitioners:** The shortage is driven by an aging workforce and limited new graduates choosing rural practice. It leads to long waiting times, increased pressure on emergency departments, and reliance on locum doctors.



- 2 Nurses and Midwives:** High workloads, lack of career progression, and limited access to professional development contribute to retention challenges. The shortage of midwives particularly impacts maternity services, often necessitating patient transfers to metropolitan facilities.



- 3 Mental Health practitioners:** The workforce is stretched thin, leading to long waiting periods for patients needing mental health support. High workloads, professional isolation, and limited support contribute to burnout, impacting retention rates.



- 4 Allied Health professionals:** Shortages are evident across several disciplines, including physiotherapy, occupational therapy, chiropractic, diabetes education and audiology. Recruitment is hindered by the lack of training placements, professional isolation, and limited collaboration opportunities.



- 5 Non-GP Specialists:** Rural Victoria struggles to attract non-GP Specialists, including psychiatrists, surgeons (obstetrician, gynecologist, ophthalmologist), diagnostician (anaesthetist, cardiologist, dermatologist, endocrinologist, gastroenterologist, geriatrician, haematologist, nephrologist, neurologist, oncologist) and paediatricians.

Figure 11

Australian Institute of Health and Welfare, (2024). *Rural and Remote Health*. <https://www.aihw.gov.au/reports/ruralremote-australians/rural-and-remote-health>

National Rural Health Alliance, (2025). *Rural Health in Australia Snapshot 2025*. <https://www.ruralhealth.org.au/ruralhealth-in-australia-snapshot/>

## Priority Locations 2025 - 2026 FY

Identifying hotspot areas in Victorian rural healthcare is essential for several reasons such as targeted workforce support, improved service delivery, strategic workforce planning, optimised funding and resource allocation and better health outcomes for communities.

RWAV continues to refine the annual Census by making it more concise and targeted. Areas of inequality and poor outcomes for focus areas have been determined by analysing data available at the lower level of statistical geographic area (SA2). The data was not analysed at SA1 level as it is too small, sometimes smaller than a postcode or town.

RWAV, in collaboration with rural Victorian PHNs and the RWAV Health Workforce Stakeholder Group, has identified key hotspot areas experiencing significant workforce challenges. In many regional and rural communities, healthcare services are shared across multiple regions. The areas of Hamilton, Casterton and Coleraine, and the area of Loddon-Elmore can be viewed as two priority location areas..

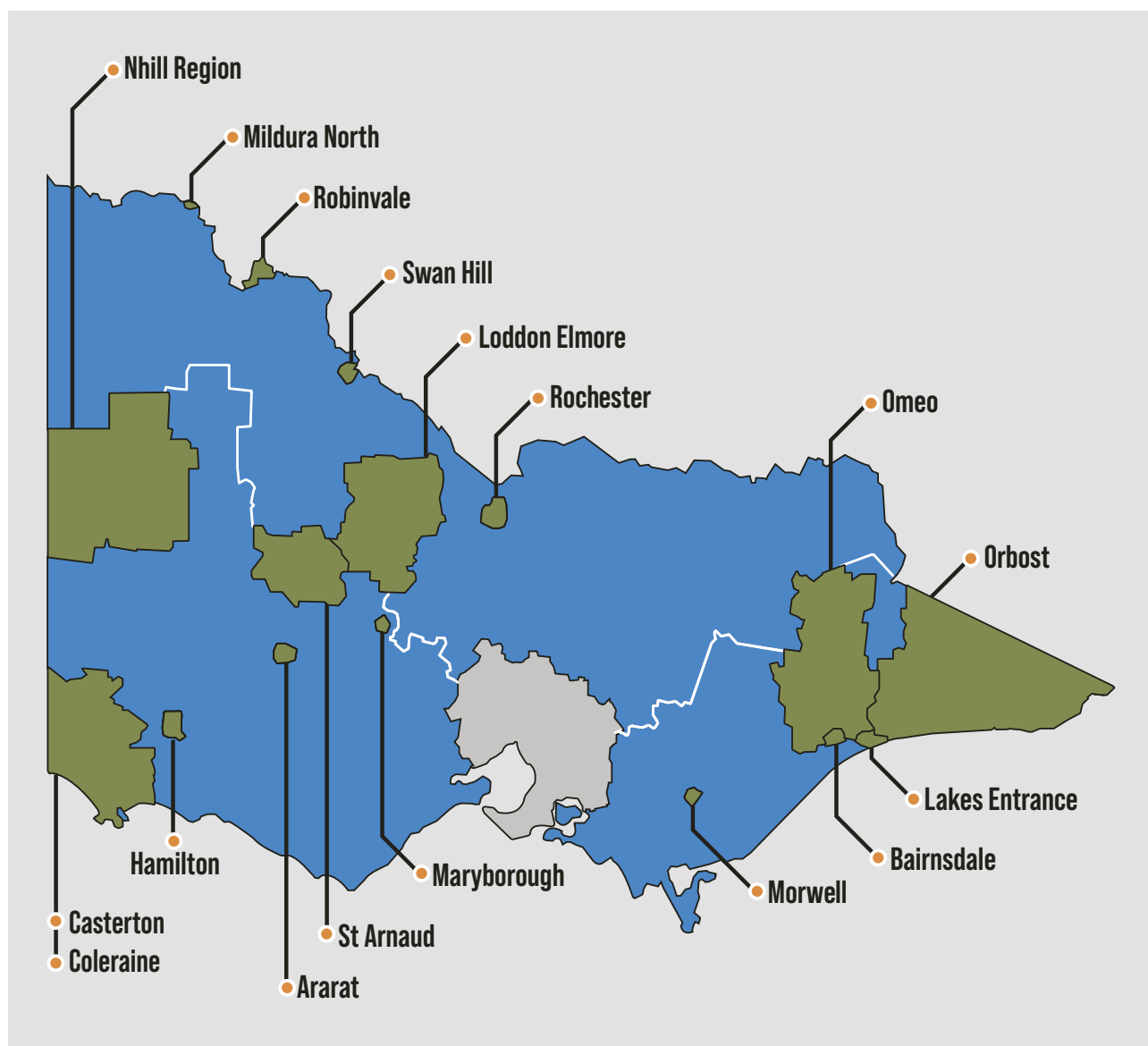
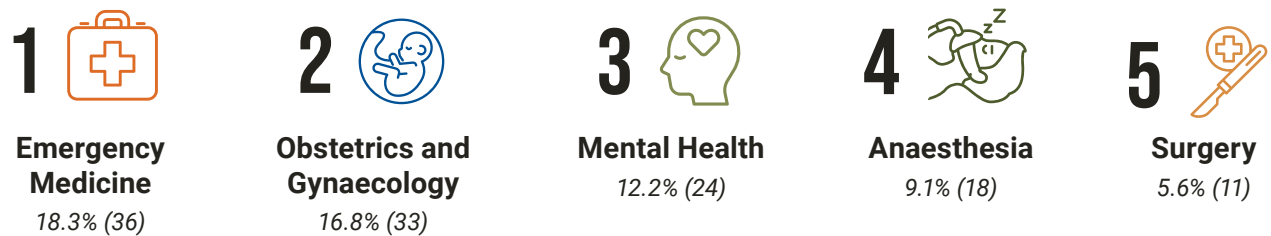


Figure 12: 2025/2026 Priority Locations in Victoria

**Top 5 Identified Accredited Advanced Skills  
(General Practitioners only)**

Focusing on general practitioner's advanced skills qualifications in Victorian rural healthcare is important because GPs are key healthcare providers in rural and regional areas in Victoria. Unlike metropolitan regions, where specialist services are more accessible, rural communities rely heavily on GPs to deliver a wide range of healthcare services.

**Percentage of Respondents with Advanced Skills** *Figure 13*



**How often their Advanced Skills have been applied in their community** *Figure 14*

	Emergency Medicine	Obstetrics and Gynaecology	Mental Health	Anaesthesia	Surgery
Frequently	14	15	20	10	9
Occasionally	6	4	1	3	1
Sometimes	11	5	1	-	1
Never	2	8	-	5	-

Many rural communities lack resident specialists such as anaesthetists, obstetricians, and emergency physicians. Advanced skills can provide specialist-level care in these areas, ensuring that patients receive treatment locally rather than traveling long distances. Many rural and regional health services struggle with the recruitment and retention of specialists. Training and accrediting GPs with advanced skills makes rural practice more attractive, ensuring continuity of care and reducing reliance on fly-in-fly-out (FIFO) models. This also reduces strain on larger regional and metropolitan hospitals, keeping healthcare delivery efficient and local.

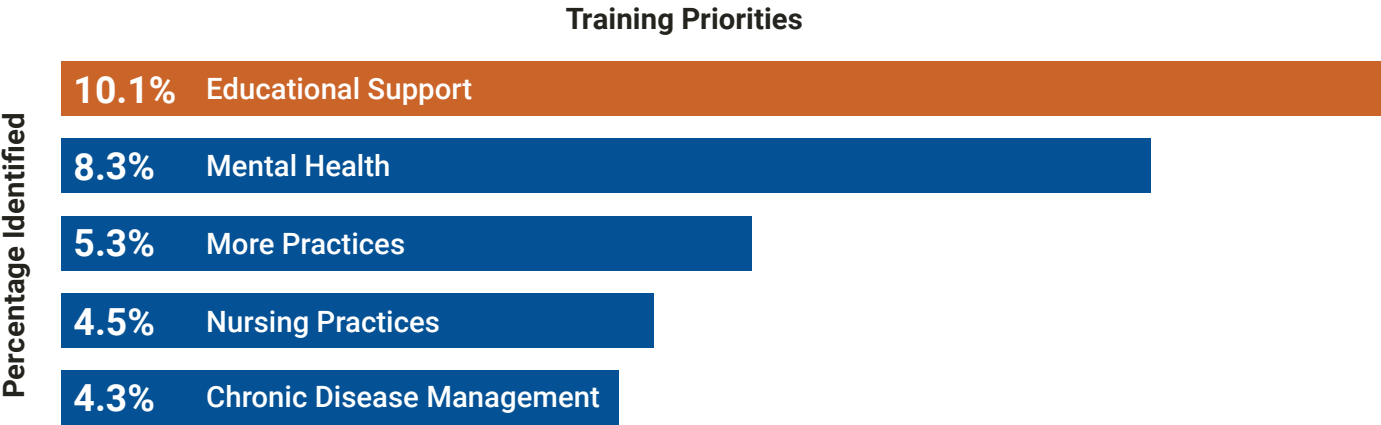
GPs in Victorian rural healthcare may not always get the opportunity to utilise their advanced skills in their communities due to several systemic, workforce, and infrastructure challenges.

- A GP accredited in anaesthetics or emergency medicine may not have access to a well-equipped emergency department or surgical theatre in their town.
- Many GPs are already overloaded with primary care duties, leaving little time for them to perform advanced procedures.
- Government funding often prioritises hospital-based specialists rather than supporting GPs to use their advanced skills in primary care settings.
- A GP trained in surgical procedures may not be allowed to operate because hospital policies require a specialist surgeon instead.

A potential solution may be better funding models to support GPs in using their advanced skills within rural health settings.

**Top 5 Identified Additional Skills to Meet Community Needs**

To meet the evolving healthcare needs of communities in rural and regional Victoria, healthcare professionals require additional skills beyond their core clinical expertise. These skills can help bridge gaps in service delivery, improve patient outcomes, and enhance workforce sustainability.



*Figure 15: Percentage of Identified Training Priorities*

In the Rural Health Workforce Census 2024, 10% of participants identified education support as the top additional skill needed to meet the healthcare needs of Victorian communities. This reflects a critical gap in workforce training.

Access to clinical upskilling for health professionals is critical for currency of practice and quality health care. Barriers to accessing upskilling training could include:

- the cost of the training;
- inability to take time off as a solo practitioner;
- loss of income;
- distance to face-to-face training and being limited to online education options only.



## Health Workforce Intentions

### Considering Leaving Victorian Rural/Regional Workforce (Past 12 Months)

The retention of health professionals in rural and regional areas is a critical challenge for the healthcare system. Despite the vital role they play in delivering healthcare services to underserved communities, many professionals consider leaving the rural workforce.



**1** **Workload Burnout**  
Rating: 7.2/10



**2** **Work-life Imbalance**  
Rating: 6.6/10



**3** **Mental Health**  
Rating: 5.7/10



**4** **Low Remuneration**  
Rating: 5.4/10



**5** **Career Stagnation**  
Rating: 4.4/10



**6** **Skill Deterioration**  
Rating: 4.2/ 10

Figure 16: Reasons why participants would consider leaving the Victorian Rural/Regional Health Workforce

The findings from the Census indicate that of the 541 health professionals who completed this question, 38% (n=208) considered leaving the rural workforce in the past year. This suggests a significant retention challenge, potentially impacting healthcare service delivery in rural and regional areas. Factors such as workload pressure, work-life balance, lower salaries and benefits and limited career advancement opportunities contributed to this trend. Addressing these concerns through targeted retention strategies such as improved incentives, career development programs, and enhanced workplace support will be crucial to maintaining a stable rural health workforce.

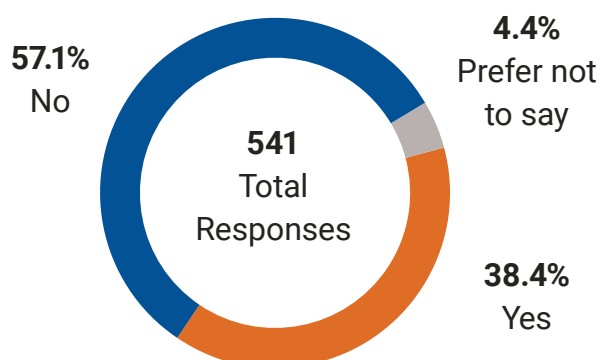


Figure 17: Percentage of respondents who answered yes/no/prefer not to say to considering leaving the Victorian rural/regional health workforce

## Future Workforce Retention in Rural/Regional Victoria

Future workforce retention in rural and regional Victoria refers to the ability of healthcare professionals to continue working in these areas over time. It considers factors such as planned retirement and career longevity in rural health services. Understanding these trends is crucial for workforce planning, ensuring healthcare accessibility, and addressing potential shortages.

Figure 18

### History of working in rural and regional Victoria

	Less than 1 year	1-5 years	5-10 years	More than 10 years
General Practitioner	17	44	27	74
Allied Health	11	49	45	94
Nurse or Midwife	2	12	13	60
Specialist	-	4	8	12
Dental	-	5	2	3

### Planning to leave work in rural and regional Victoria

#### High Risk Profession

#### Low Risk Profession

	Less than 1 year	1-5 years	5-10 years	More than 10 years
General Practitioner	11	65	33	50
Allied Health	5	41	38	110
Nurse or Midwife	1	18	28	39
Specialist	2	7	1	14
Dental	-	3	-	7

### Planning on retiring from clinical practice

#### High Risk Profession

#### Low Risk Profession

	Less than 1 year	1-5 years	5-10 years	More than 10 years
General Practitioner	8	41	18	90
Allied Health	7	24	24	139
Nurse or Midwife	1	17	20	46
Specialist	1	5	2	16
Dental	-	-	-	9

**76 GPs** indicated that they may leave rural Victoria within the next 5 years. Of these, 49 have indicated they will be retiring in the next 5 years.

**46 allied health professionals** indicated that they may leave rural Victoria within the next 5 years. Of these, 31 have indicated they will be retiring in the next 5 years.

**19 nurses or midwives** indicated that they may leave rural Victoria within the next 5 years. Of these, 18 have indicated they will be retiring in the next 5 years.

This could lead to critical staffing shortages, particularly in regions already facing challenges in healthcare access. Such losses are likely to result in longer patient wait times, decreased service availability, and increased pressure on the remaining workforce, potentially driving more health practitioners out of rural Victorian communities.

## Health Workforce Issues

### Under-Serviced Rural Healthcare in Victoria

Victorian rural healthcare faces significant challenges in delivering adequate healthcare services across all specialties. In mental health, paediatrics and child health, dermatology and general medical care, rural communities experience persistent workforce shortages and under servicing. This results in many patients struggling with long wait times, reduced access to specialists, and the need to travel great distances for essential medical care. The disparity between urban and rural healthcare services continues to widen, impacting health outcomes and overall well-being. Addressing these service gaps requires targeted workforce strategies, increased funding, and innovative healthcare delivery models to ensure equitable access for all Victorians, regardless of location.

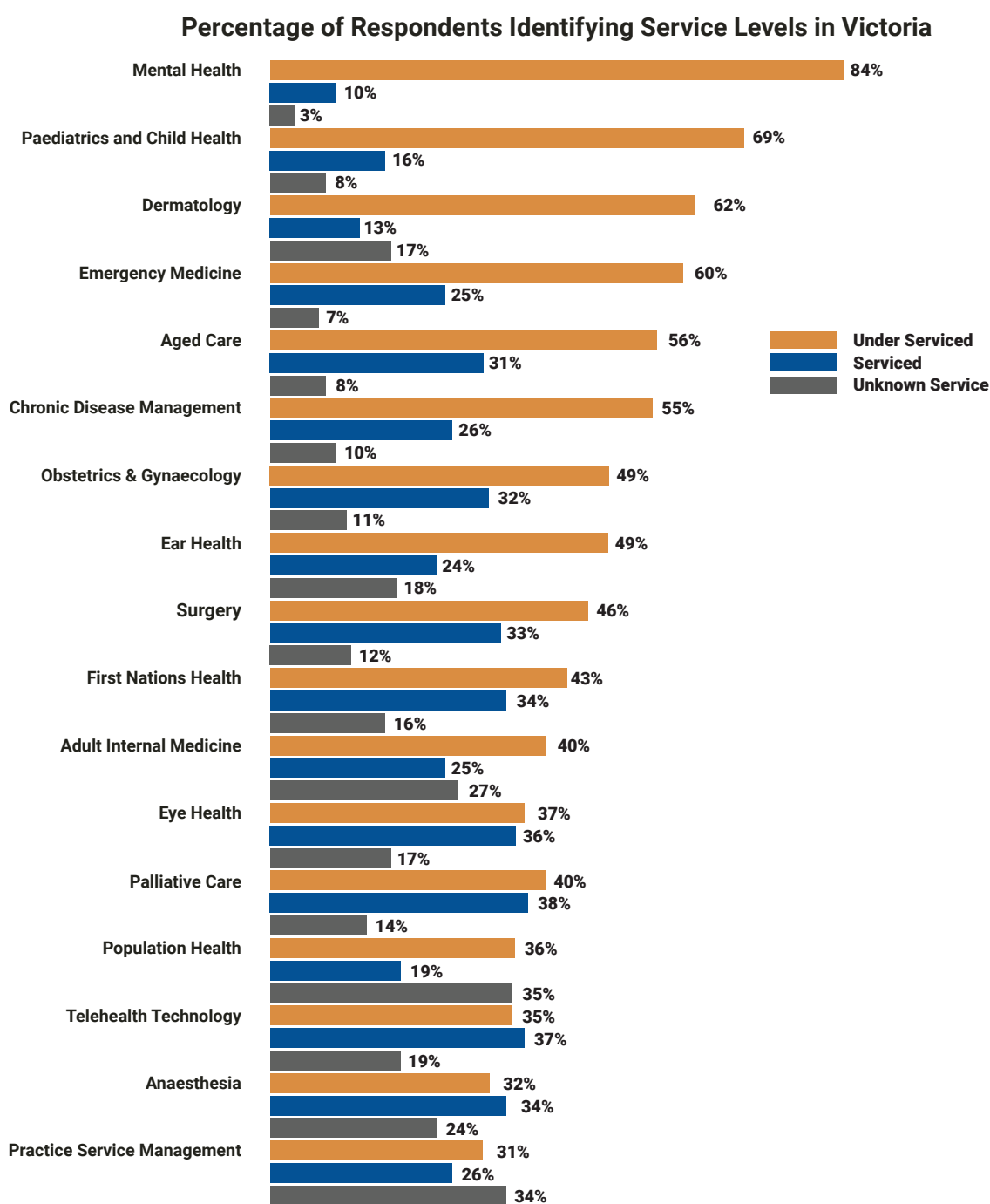


Figure 19

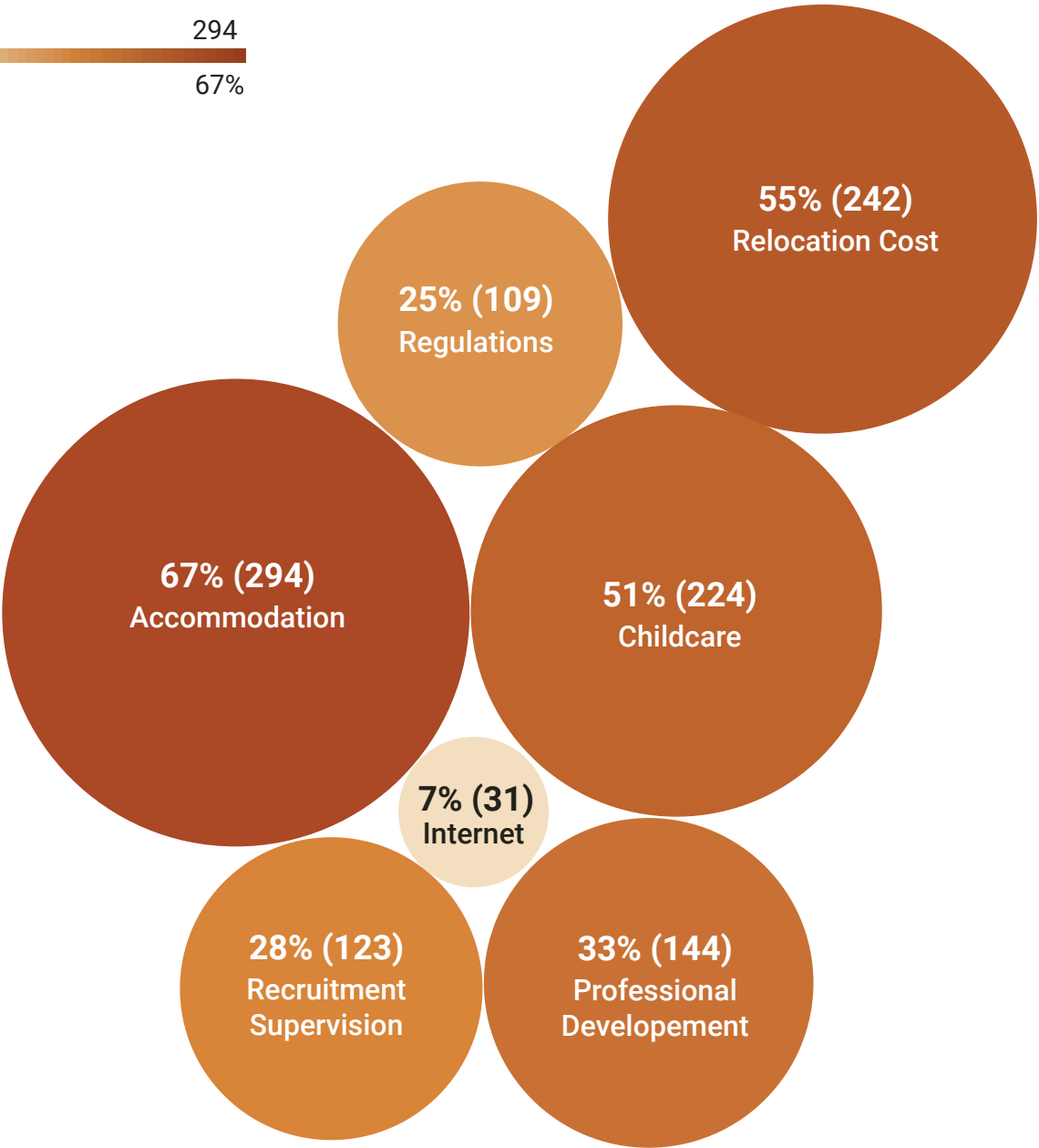
**Key Factors in Healthcare Recruitment in Victoria**

The recruitment of healthcare workers in Victoria, particularly in rural areas, is influenced by a variety of factors that impact both the attraction and retention of talent. Key elements such as access to suitable accommodation, the cost of relocation, availability of childcare services, and opportunities for professional development play a significant role in shaping the decision-making process for prospective healthcare professionals. These factors not only affect the initial recruitment but also contribute to the long-term sustainability of healthcare services in rural and remote communities. Addressing these challenges is crucial to ensuring a steady and capable healthcare workforce in Victoria.

**Key Factors in Healthcare Recruitment in Victoria**

Figure 20

**Responses**



## Key Findings

- The Census results are statistically significant at a 90% confidence level, ensuring reliable representation of the Victorian health workforce.
- 724 health professionals completed the Census, marking a 24% increase from the 2023 Census.
- The workforce remains predominantly female, except in the 66-75 age group, where more men responded.
- 59% of respondents are Australian-trained medical professionals, providing insights into workforce composition and local healthcare system familiarity.
- 48% of participants completed cultural safety training in the past three years, enhancing their ability to deliver culturally appropriate care.
- Rural healthcare workforce shortages persist, with key gaps in general practitioners, nurses, mental health practitioners, allied health professionals, and specialists.
- Key rural areas experiencing critical workforce shortages include Rochester, Mildura North, Robinvale, Swan Hill and Loddon-Elmore in the Murray PHN region; Lakes Entrance, Bairnsdale, Morwell, Omeo and Orbost in the Gippsland PHN region; and Nhill Region, St Arnaud, Ararat, Maryborough, Hamilton Casterton and Coleraine in the Western Victoria PHN region.
- 38% of health professionals considered leaving the rural workforce in the past year due to workload pressure, work-life balance, and limited career advancement.
- Rural Victoria struggles with workforce shortages, geographical barriers, and limited healthcare infrastructure, affecting access to essential services across multiple specialties, including mental health, paediatrics, dermatology, and general medical care.
- Key challenges in attracting and retaining healthcare workers include relocation costs, accommodation availability, childcare access, and professional development opportunities.

## Changes Identified when Compared to the 2023 Census

- With a 24% increase in respondents compared to 2023, the Census offers statistically significant insights into workforce composition, participation, and retention.
- A more robust methodology was applied to identify and rank the top 5 hotspot locations within each rural PHN region. Previously 3 hotspot areas were identified for each PHN region. This analysis incorporated over 50 external health indicators alongside quantitative and qualitative variables derived from the Census data. As a result, Lakes Entrance has been added to the hotspot list, while Bairnsdale, Morwell, Omeo, and Orbost remain unchanged as hotspots in the Gippsland PHN region. In the Murray PHN region, the new hotspot list of Rochester, Mildura North, Robinvale, Swan Hill and Loddon-Elmore replaces the 2023 hotspots of Rushworth and Surrounds, Rutherglen, and Towong. In the Western Victoria PHN, Hamilton, Casterton, and Coleraine remain as hotspots with the Nhill Region, St Arnaud, Ararat and Maryborough added as new hotspots.



## Conclusion

The Victorian Rural Health Workforce Census 2024 highlights key workforce challenges and trends affecting rural healthcare. Workforce shortages remain critical, particularly in general practice, nursing, mental health, allied health, and specialist roles. Several hotspot regions have been identified, including Rochester, Mildura North, Robinvale, Swan Hill and Loddon-Elmore in the Murray PHN region; Lakes Entrance, Bairnsdale, Morwell, Omeo and Orbost in the Gippsland PNH region and Nhill Region, St Arnaud, Ararat, Maryborough, Hamilton Casterton and Coleraine in the Western Victoria PHN region. Retention remains a challenge, with 38% of professionals considering leaving due to workload pressures, work-life balance concerns, and limited career advancement. Recruitment challenges, including relocation costs, accommodation shortages, and childcare availability, further complicate workforce stability.

Addressing these issues through policy reforms, increased funding, and workforce planning initiatives is essential to ensuring equitable healthcare access across rural Victoria.

## The Rural Workforce Agency Victoria (RWAV)

The Rural Workforce Agency Victoria (RWAV) envisions a future where all Victorian communities have equitable access to a high-quality health workforce that supports positive health outcomes. RWAV's purpose is to deliver effective and tailored health workforce solutions for rural and First Nations communities across Victoria.

Through funding from the Australian and Victorian governments, RWAV implements a wide range of health workforce programs and services across rural and regional Victoria. In achieving this, RWAV has built and sustained strong collaborative networks with key health workforce stakeholders in these areas.

***Disclaimer: The information is purely the results that have come from the 2024 Census and may not be reflective of the readers experience.***

If you would like to contribute your insights to the next needs assessment or learn more about our approach, please contact us at [Data@rwav.com.au](mailto:Data@rwav.com.au).