



2013-2014

# Annual Report



health professional solutions

## About RWAV

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**Our Vision** Improve health for all in rural, regional and Aboriginal communities

**Our Mission** Develop and deliver solutions to enhance rural, regional and Aboriginal communities' access to health workforce

**Our Values**

- Communication
- Equality
- Integrity
- Community
- Making a Difference
- Accountability



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## Chairman's Report

### 2013 - 2014 Annual Report

Improving the health of all in rural and regional Victoria through recruitment and retention of appropriately skilled and supported health workforce is our strategic vision and operational purpose. Rural Victoria continues to grow and requires quality health services as a basic infrastructure component to support such expansion. Over the year RWAV has successfully placed 153 GP's in locations across the length and breadth of the whole state. We also continue the support to those doctors, nurses and allied health professional placed in previous years under programs contracted and funded through the national Department of Health (and Ageing), Rural Health Workforce Australia, and Health Workforce Australia.

General Practice does not and cannot function in isolation so specialist support services such as those provided through the Rural Health Outreach Fund are vital. RWAV successfully tendered to continue providing these services and managed the transition from the former Medical Specialist Outreach Assistance Program. The body of the report shows the type and reach of services delivered.

Aboriginal health needs across the whole of Victoria including urban centres are a particular focus of RWAV. The additional services supplied through programs such as the Medical Outreach Indigenous Chronic Disease Program is an essential element to improving health equality for all Aboriginal people. We are pleased to have successfully won again the tender for this program.

Likewise we are pleased to have secured a further three years funding from the Victorian Government to deliver the 'Healthy Ears, Better Hearing, Better Listening Program'. This program promotes ear and hearing health in Aboriginal and Torres Strait Islander children by supporting visiting health professionals to prevent, detect and manage ear disease more effectively.

Health continues to be a dynamic sector in which to work. The present year has been no exception and the moving paradigm requires adaptability to take best reward from the opportunities presented. RWAV has never been satisfied with simply providing to the status quo. A major internal restructure under the leadership of our CEO, Mr Rod Jackson has seen RWAV shed staff to be leaner operationally but more service focussed and ready to meet the new challenges ahead. RWAV will be seeking to expand our workforce retention activities by providing additional practice support services in 2015.

General Practice does not and cannot function in isolation so specialist support services such as those provided through the Rural Health Outreach Fund are vital.





RWAV continues to attract and enjoy the support of governments both National and State. The success of our programs and service delivery ensures we have contracts going beyond the current period and into 2016. The Quality Committee, chaired by Dr Sue Harrison, monitors operational performance through continuous quality improvement processes.

From the financial data provided you will see that we have delivered on contracts with funds received in advance, in particular the Rural Health Professionals Program, while balancing the operational budget. The Audit and Risk Committee, chaired by Mr Tony Graham, monitors financial and organisational risk.

This year we have welcomed a new Director Ms Fi Mercer who has added to the depth of knowledge around the Board table with extensive governance experience and an engaged understanding of the health needs facing rural Victorians. I acknowledge the support and diligence of each Director in addition to those mentioned Dr Wendy Bissinger, Dr Yousuf Ahmad, Dr Julie Thompson, and Mr Bruce McDonald.

On behalf of fellow Directors I am pleased to offer to you this Annual Report for 2013-2014. I extend my respect and regards to our members and stakeholders and invite you to read, absorb, and critically appraise the report and address any question or comments through the AGM or to the Board through the chair. On that note I wish to express my thanks to the Board for the privilege to be elected to the chair over a period of several years and of substantial change. I now must step down from this office as required by the Constitution, but look forward to continue to serve as a Director.

I would also at this time acknowledge the hard work and guidance to the Board from CEO, Mr Rod Jackson. Rod draws to the end of his contract and will leave RWAV at this time knowing that he has successfully steered the organisation through some stormy change and in challenging environmental reforms.

Dr Philip Webster  
Chairman

## CEO's Report

### 2013 - 2014 Annual Report

This financial year has been a period of building upon our established programs and services and preparing the agency for the challenges and opportunities that will arise from the health reforms being implemented in 2015.

In mid-June 2014, RWAV relocated to our new premises at the World Trade Centre in the CBD, this offers our staff, clients and stakeholders an accessible and convenient location due to the proximity to Southern Cross Station, public transport and city link.

RWAV supported the recruitment of a total of 153 GPs this year, which is the highest number we have ever achieved. Of these, 80 were candidates fully case managed by RWAV's recruitment staff which is a clear indication that rural practices recognise the standard of screening and assessment undertaken in respect of our candidates to ensure quality, skills and experience and a commitment to rural general practice.

There are so many highlights that I could mention but I will just focus on those that I believe enhanced RWAV's reputation the most.

Our annual regional Board meeting and stakeholder consultations took place in February in Warrnambool. These meetings with stakeholders proved to be very informative to the RWAV Board and Management and it was pleasing to see the diverse range of stakeholders and to hear of their commitment to providing high quality services to their rural communities.

Go Rural Victoria was held in April and RWAV invited thirty metropolitan based GPs, Medical Students and GP Registrars to experience the lifestyle and career advantages that country Victoria has to offer. The event provides a great opportunity to see the sights of rural or regional communities in Victoria whilst hearing first-hand the experiences of GPs who enjoy working in rural general practice.

Rural communities in Victoria were encouraged to say 'thanks' to their local health professionals by nominating standout GPs, nurses, practice

RWAV supported the recruitment of a total of 153 GPs this year, which is the highest number we have ever achieved





managers, locums, allied health professionals, medical specialists, Aboriginal health workers, medical students and rural general practices for a 2014 Victorian Rural Health Award (VRHA).

After nine successful years hosting the awards in Melbourne, RWAV will move the event to a regional location to further enhance the community focus. The 2015 awards event will be held in Bendigo and whilst it will be a different format to previous years, it will continue to provide an excellent opportunity for rural and regional health professionals to catch up and reflect on their career efforts. I call upon communities, patients and practice managers to get behind their local health professionals by submitting a nomination.

RWAV recently was contracted for a further three years to administer the Healthy Ears – Better Hearing, Better Listening Program following its successful implementation in 2013–14. The program promotes ear and hearing health in Aboriginal and Torres Strait Islander children by supporting visiting health professionals to prevent, detect and manage ear diseases more effectively.

I would like to thank our Chair, Dr Philip Webster, the rest of the RWAV Board and all of the dedicated staff for their work and support during the year. I would also like to thank the Australian Government Department of Health, the Victorian Department of Health and Rural Health Workforce Australia for the funding and support they provide to enable RWAV to continue to provide sustainable health solutions to Victorian rural, regional and Aboriginal communities.

Rod Jackson  
Chief Executive Officer

## Board and Committees



**Left to Right:** Dr. Wendy Bissinger, Mr. Bruce McDonald, Ms. Fiona Mercer, Mr. Anthony Graham, Dr. Philip Webster, Mr. Rod Jackson, Dr. Suzanne Harrison, Dr. Yousuf Ahmad, absent Dr. Julie Thompson

### **RWAV Board members as at the 30 June 2014**

Dr. Yousuf Ahmad  
Dr. Wendy Bissinger  
Mr. Anthony Graham  
Dr. Suzanne Harrison  
Mr. Bruce McDonald  
Dr. Julie Thompson  
Dr. Philip Webster  
Ms. Fiona Mercer (appointed 22 November 2013)



## Meetings of Directors

During the financial year, 23 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

### Directors Meetings

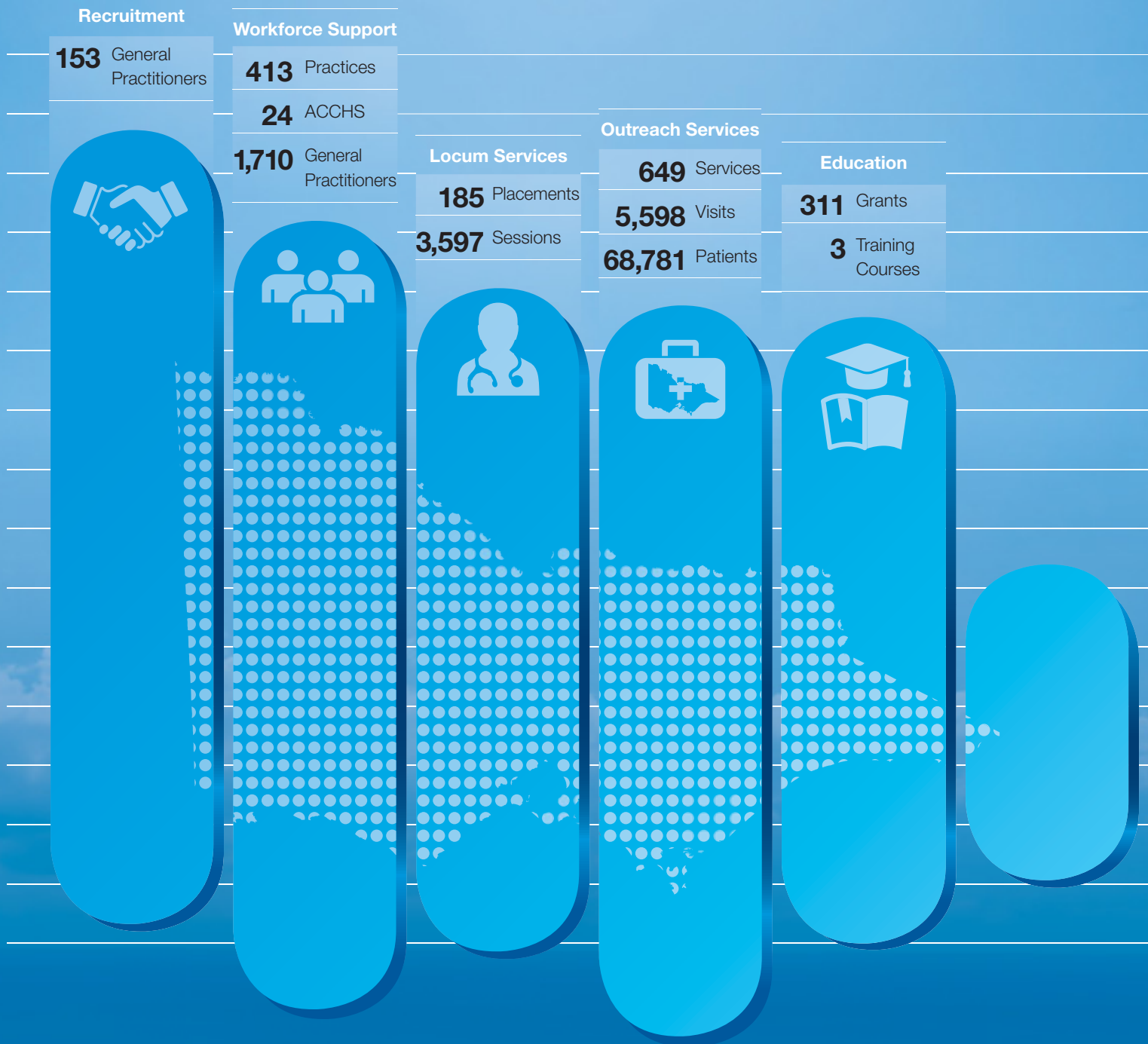
	Number eligible to attend	Number attended
Dr. Yousuf Ahmad	8	7
Dr. Wendy Bissinger	8	5
Mr. Anthony Graham	8	8
Dr. Suzanne Harrison	8	5
Mr. Bruce McDonald	8	8
Dr. Julie Thompson	8	5
Dr. Philip Webster	8	8
Ms. Fiona Mercer	5	4

### Committee Meetings

	Number eligible to attend	Number attended
Dr. Yousuf Ahmad	4	3
Dr. Wendy Bissinger	4	2
Mr. Anthony Graham	11	10
Dr. Suzanne Harrison	8	8
Mr. Bruce McDonald	7	7
Dr. Julie Thompson	7	4
Dr. Philip Webster	4	4
Ms. Fiona Mercer	2	1



# Services Delivered to Victoria by RWAV



## Attraction - GPs

Attracting GP candidates involves a marketing strategy that targets a range of key target markets including urban and Australian based GPs, IMGs, GP Registrars and Hospital based doctors.

Our marketing approach is underpinned by market analysis and research on local and overseas data on doctor demographics, socio economic, trends in GP training and medical industry drivers that will impact on RWAV campaigns.

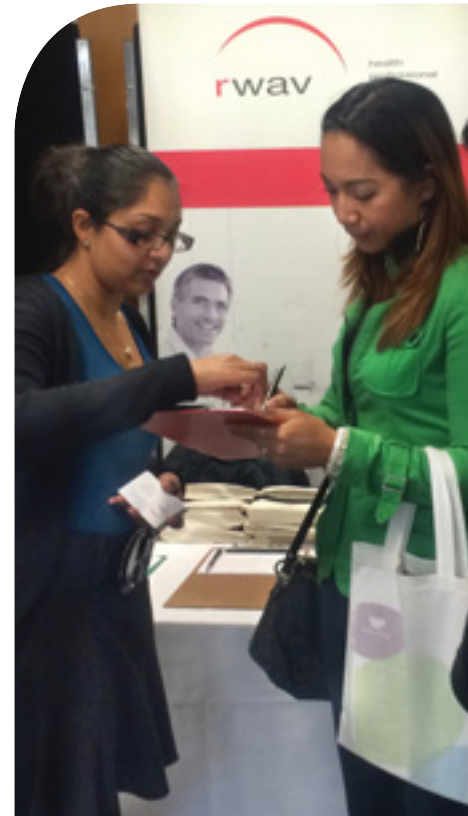
We have focussed on domestic marketing during 2013-14 which included attendance at a range of expos to promote rural general practice and the opportunities to live and work in rural Victoria.

Our peak body Rural Health Workforce Australia coordinated shared Network booths at the GPCE14 conference and National Aboriginal Community Controlled Health Organisation's Healthy Futures Summit in Melbourne to supplement specific candidate marketing by the Rural Workforce Agencies.

We have also focussed on the future workforce by promoting rural general practice to medical Students through attendance at a rural career day organised by Deacon University Geelong and Going Places Networking dinners held in Shepparton, Geelong, Ballarat and Melbourne.

Advertising and media strategies were undertaken to promote rural general practice as a desirable long term or short term career choice to Australian trained graduates.

The majority of our 1,359 enquiries in relation to working as a GP in rural Victoria were received through the RWAV Website.



RWAV Recruitment Consultant, Payal Mohan, discussing rural pathway options with medical students at the Medical Careers Expo.



## Attraction - VicNet

Since 2005, RWAV has been a member of a consortium with the Victorian Regional Training Providers (RTPs) branded VicNet to market and promote general practice and the general practice training pathways.

In 2013-14, the VicNet Marketing promoted general practice, the Australian General Practice Training (AGPT) Program and Pre-vocational General Practice Placements Program (PGPPP) to pre-vocational doctors and medical students.

The aim of the marketing is to reach as many doctors as possible with the "GP message" in order to maximum training places in Victoria. Events and activities are designed to ensure that doctors receive up to date information to assist them to make an informed career decision.

In excess of 30 events were held during the financial year and included GP training hospital seminars, hospital careers events, medical careers expos and the annual GP Careers Evening.

The annual VicNet organised "General Practice Careers Evening" was held on 16 April 2014 and attracted 149 attendees, of which 137 were doctors with the remainder medical students and partners. The event was supported by RACGP, ACRRM, AMA, Avant, VACCHO, and Going Places Network.

With government policy being to increase medical student and GP training places the focus of promoting general practice to Australian trained graduates is increasingly important and even with the changes announced by the government to occur to GP training, there is a commitment by the RWAV and the RTPs to continue promotion through targeted marketing campaigns in 2015.

With government policy being to increase medical student and GP training places the focus of promoting general practice to Australian trained graduates is increasingly important



*RWAV Recruitment Consultant Craig Wood, CEO Rod Jackson and medical student at the VicNet Careers Evening*

## Attraction - Go Rural

Go Rural is a federally funded national campaign held to encourage doctors and medical students to consider a career in rural or regional general practice.

This year's Go Rural Event was held on the 5 April 2014 and metropolitan based GPs, 2nd or 3rd year medical students and GP Registrars were able to experience the lifestyle and career advantages that country Victoria has to offer.

The event was a one-day trip to the Loddon Mallee Murray Region of Victoria where the participants spent the day immersed in experiencing first-hand what it's like to GO RURAL. From watching the documentary "Sea change, tree change, lifestyle change... Give Country Practice a Go" on the bus, to visiting Bendigo & District Aboriginal Co-Operative, practices in Eaglehawk and Castlemaine and listening to inspiring talks from GP mentor Dr Jayant Banerji, 2013 VHRA awardee Dr Geoff Courtis and Senator Bridget McKenzie.

Go Rural is a federally funded national campaign held to encourage doctors and medical students to consider a career (as a permanent or locum GP) in rural or regional general practice.

RWAV wishes to thank all the practices, health services and inspirational health professionals that contributed to making the day memorable for all the participants.



## Recruitment - GPs

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RWAV supports 413 general practices throughout rural and regional Victoria with recruitment services and workforce planning.

RWAV sources GPs from domestic and overseas markets suitable for placement into rural and regional primary health care positions. Our reputation for having the expertise and in-depth knowledge in relation to medical recruitment is such that the majority of our candidates contact us directly seeking our assistance. During 2013-14 we have focused on the domestic market with no participation in overseas expos or events.

We offer to our candidates to be able to match their general practitioner skills, experience and personal preferences to ensure a good practice match in their chosen area.

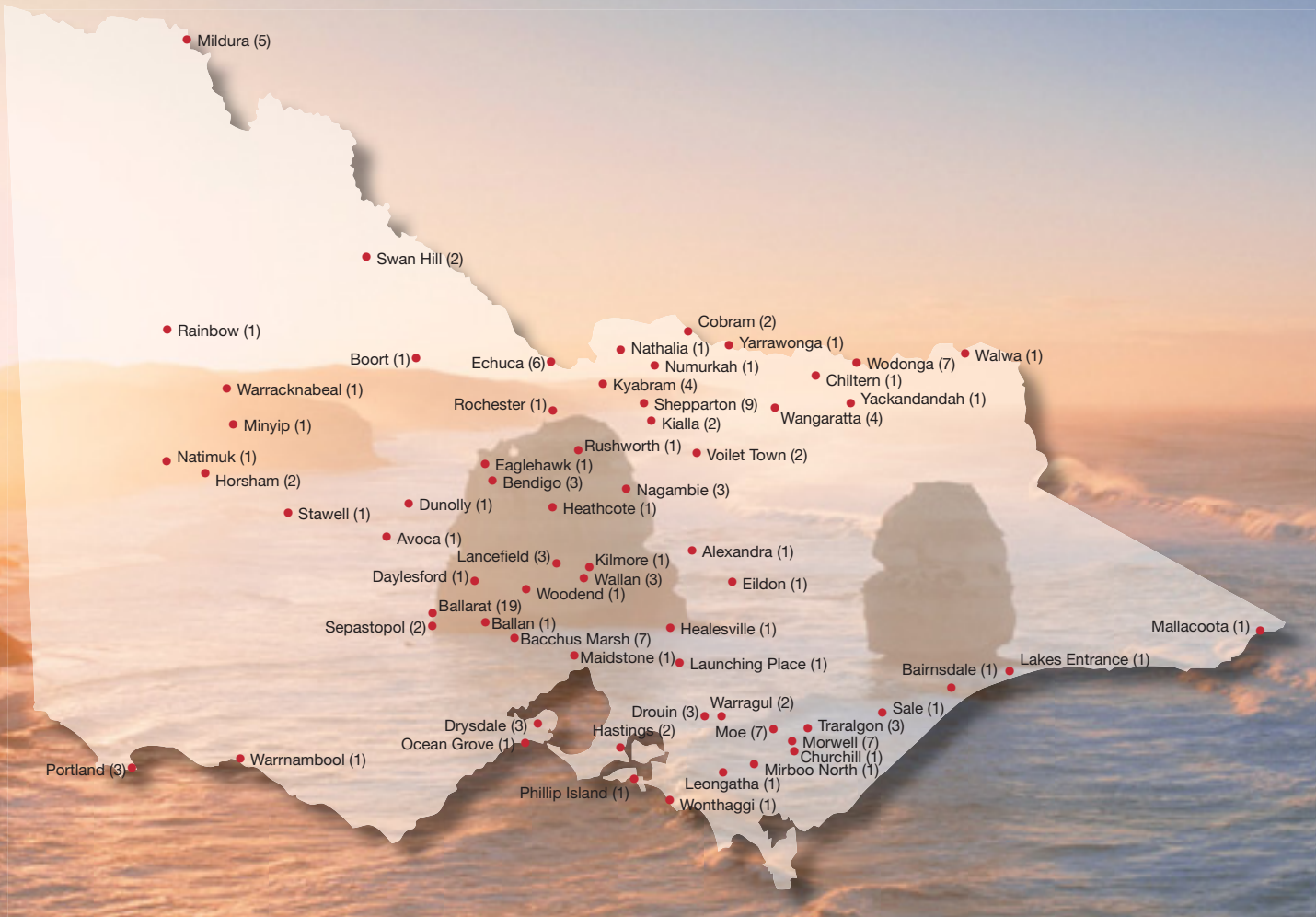
To our practices, we offer candidates who are highly qualified, experienced and committed to working in rural and regional Victoria.

2013-14 has been another year in which RWAV has continued to make a significant contribution to the rural medical workforce through supporting the recruitment of 153 GPs into rural Victoria. This consisted of 80 candidates that were fully case managed by RWAV recruitment staff and 73 who received partial support in their recruitment, specifically access to a Medicare provider number through initial placement on the Rural Locum Relief Program (RLRP).

Seven of our recruitments were to Aboriginal Community Controlled Health Services and we are pleased to say that those doctors continue to work in those ACCHS and are making a difference to the primary health care needs of Aboriginal people.

We offer to our candidates to be able to match their general practitioner skills, experience and personal preferences to ensure a good practice match






## GP Recruitment

2013 - 2014

153 GPs recruited to 64 locations



## Recruitment - Assessment

This year, a record number of 327 assessments were undertaken in accordance with established policy and procedures

Health Workforce Assessment Victoria (HWAV) was established in July, 2010 to conduct Pre-employment Structured Clinical Interviews (PESCI) for General Practice.

PESCI are conducted for all IMGs wishing to obtain registration to enter general practice in Victoria, Australian Capital Territory, Tasmania and Western Australia.

We conduct PESCI on behalf of employers, medical general practices and other recruitment agencies. The PESCI Assessment Interview is "Position Specific" and accordingly, the applicant must have a Position Description and Supervised Practice Plan to be assessed against at the time of the interview.

PESCI are conducted face-to-face or by video conference for those doctors in distant States of Australia or overseas.

HWAV operates independently of RWAV recruitment staff with medical assessors being subcontracted by HWAV to undertake the assessment on a panel with a community representative with all results and direct recommendations being made to Australian Health Practitioner Regulation Agency.

This year, a record number of 327 assessments were undertaken in accordance with established policy and procedures and the PESCI standards and guidelines. 95% of those candidates were referred by organisations external to RWAV.



## Retention - Workforce Support

As at the 30 June 2014, there were 265 doctors on the RLRP being case managed and supported by RWAV as required under the guidelines

Placing a doctor in a rural community is one part of the health professional solutions offered by RWAV.

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

During the placement, RWAV offers continuous professional and personal support which is provided and coordinated by Workforce and Aboriginal Health Consultants who are designated to each placed doctor. They establish a supportive working partnership with each doctor to ensure that their professional and family support needs are met as well as any additional assistance on placement issues.

The Consultants help with legal and statutory documentation with regards to medical registration, Medicare Provider numbers, Rural Locum Relief Program and 5 Year Scheme placement approvals and renewals. They also support doctors with vocational and career decisions.

RWAV is delegated under the Health Insurance Act 1973 to administer the Rural Locum Relief Program in Victoria which is an approved workforce program. This program enables medical practitioners, in rural areas, not otherwise eligible to access Medicare, when providing services through an approved placement. In 2013-14 the following RLRP activity occurred:

- 126 applications for placements on the RLRP were received and processed
- 106 doctors commenced onto the RLRP during the period
- 233 renewal applications for continued placement on the RLRP were received for processing

As at the 30 June 2014, there were 265 doctors on the RLRP being case managed and supported by RWAV as required under the guidelines.

RWAV works with the Regional Training Providers (RTPs), Victorian Medicare Locals and other external providers to offer RLRP placed doctors access to fellowship examination support, in 2013-14, 79 doctors were accepted onto the Additional Assistance Scheme (AAS).

During the period, 56 doctors sat fellowship examination modules and 25 doctors obtained fellowship and fulfilled their RLRP program requirements.

Additionally we provided 3 grants through Victorian Rural Relocation Scheme and processed 11 rural incentive payments to doctors based on their location and workload under the Flexible Payment Scheme of the General Practice Rural Incentives Program (GPRIP).

RWAV recruitment and workforce support staff also provided GP recruitment and support services to the 24 Victorian Aboriginal Community Controlled Health Services (ACCHS) across rural and metropolitan Victoria.

During 2013-14, we continued case management support to primary health nurses and allied health professionals recruited and placed into rural and regional Victoria under the Rural Health Professionals Program (RHPP). 93 health professionals were placed under the program and 82 are still working in rural Victoria. Of the 11 who had left, 8 had completed their minimum service requirements.

## Retention - Locum Services

Effective locum services are considered a key strategy to support the retention of GPs in rural and remote areas and essential to the sustainability of rural general practice.

RWAV provides locum relief to doctors and practices for holiday, study leave, sickness and emergency leave.

RWAV offers rural locum services under two models, the first being RWAV Employed Locum and the second by way of a brokerage service.

The Employed Locum model is based on RWAV being the employer and providing the locum to practice at a reduced market sessional rate. This has allowed practices, particularly solo GPs to access a locum without having to be subject to excessive charges that may be sought by some private locums.

In 2013-14 we were able to employ 2 locums, Dr Clare Rocznik worked full time and Dr Hulme Hay was part time and they worked for a total 60.8 weeks and undertook locum placements to 25 practices providing 608 GP sessions.

Our brokerage model offers support to all rural practices who need locum cover by assisting with the placement from start to finish, including sourcing and advertising for potential locums and all administration including obtaining provider numbers.


We have a pool of casual locums which we liaise with to match to locum requests.

160 placements were brokered to practices which provided 2,989 sessions (299 weeks). In 98 of those placements the locum provided VMO and/or on-call coverage whilst at the practice. These placements were provided by 59 individual locums and 15 placements were to practices that had not previously utilised the services of locum through RWAV.

There were only 5 locum requests that were unable to be filled during the period due to unavailability of locums.

20 of our locum placements were made at ACCHS providing 266 sessions of locum relief.

The demand for locum services continues and with the demise of the Medicare Locals in 2015 and a move to Primary Health Networks, potentially there could be demand for further locum services to be provided by RWAV.



Rural GP retention benefited from 185 Locum placements providing 3,597 sessions of locum relief



## Retention - VRHA

The Victorian Rural Doctor Awards were established in 2005 as a way to recognise the work and commitment of the Victorian rural and remote medical workforce, and as a vehicle to promote RWAV by increasing our profile and awareness of the role and work of our organisation.

In 2013, we broadened the scope of the Awards to become the Victorian Rural Health Awards increasing the award section to include other health professionals providing primary care services in rural, regional and Aboriginal communities in Victoria.

35 doctors, nurses, allied health professionals, practice managers and Aboriginal health workers were recognised for more than 750 years of combined service to regional and rural communities in Victoria.

They took centre stage on Friday 22 November, 2013 at the VRHA hosted by RWAV.

The awards were presented by Victorian Health Minister, the Hon David Davis, during a gala ceremony at the Grand Hyatt in Melbourne.

Minister for Health, the Hon David Davis, congratulated all the winners – describing them as true health heroes. “Victoria is fortunate to have the services of so many wonderful health professionals and the Victorian Rural Health Awards are a great way of celebrating the fantastic contribution they make to the community.”

The dinner presentation was attended by more than 200 guests, representing health service providers, local community leaders, award recipients and their families.

We would like to thank our sponsors First State Super, Victorian Department of Health, Bank Vic and SoNet Systems.

We broadened the scope of the Awards to become the Victorian Rural Health Awards increasing the award section to include other health professionals providing primary care services



2013  
VRHA  
VICTORIAN RURAL HEALTH AWARDS

## Education - CPD Grants and Training

It is important that GPs, as well as other health professionals working in rural and regional areas have access to professional development and training needed to update their skills to improve the quality of primary care practice.

Our workforce support staff facilitate access to and provide advice to GPs on professional development activities and training programs.

For GPs and Registrars working in rural and regional Victoria seeking to access professional development, RWAV administers Continuing Professional Development (CPD) and Continuing Medical Education Grants (CME) on behalf of the Victorian Department of Health.

CPD Grants totalling \$199,567.15 were paid to 227 grant applicants and 83 grant applicants received CME grants to a total value of \$150,432.85.

RWAV in collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) developed the Aboriginal Torres Strait Islander Cultural Awareness Training Workshop to provide General Practitioners with an understanding of:

- The history, culture and diversity of Aboriginal and Torres Strait Islander people
- The epidemiology of Aboriginal and Torres Strait Islander health
- The history and role of Aboriginal Health Services and Aboriginal Community Controlled Organisations
- Holistic approach to patient care i.e. the role of Aboriginal Health Workers
- Ways in which doctors and health professionals can play a positive role in supporting the health care of Aboriginal and Torres Strait Islander people.

During 2013-14, 3 courses were held attended by 53 GPs

CPD Grants totalling \$199,567.15 were paid to 227 grant applicants and 83 grant applicants received CME grants to a total value of \$150,432.85



## Outreach - RHOF

RWAV has administered the various Medical Specialist Outreach Assistance Programs (MSOAP) in Victoria since 2001.

In 2013-14 RWAV provided the workforce of 299 health professionals who made 5,598 visits to rural towns and ACCHS in Victoria delivering 68,781 clinical consultations.

Towards the end of the 2012-13 financial year RWAV was awarded the contract in a tender process for the Rural Health Outreach Fund (RHOF) and the Medical Outreach Indigenous Disease Program (MOICDP). These two programs consolidated the following outreach programs that concluded in December 2013.

- Medical Specialist Outreach Assistance Program – Core, Ophthalmology expansion, Maternity services expansion
- Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease
- Urban Specialist Outreach Assistance Program

We were also asked to administer RHOF-Ophthalmology, the aim of which was to increase access to eye health services in regional, rural and remote Australia.

In recognition of the transition to the new programs and to provide an integrated service delivery and administration framework, we have branded the programs VicOutreach.

The aim of VicOutreach programs is to continue to support visiting health professionals to deliver outreach health services in rural, regional and Aboriginal and Torres Strait Islander communities in 2014-15.

VicOutreach commenced on 1 January 2014 with funding from the Australian Government's Rural Health Outreach Fund and Medical Outreach Indigenous Chronic Disease Program.

RHOF aims to improve health outcomes for people living in regional, rural and remote locations in Victoria by supporting the delivery of outreach health activities to address the following priorities:

- Maternity and paediatric health
- Eye health
- Mental health
- Support for chronic disease management.

The program is promoted as VicOutreach Rural Health.

There is a high demand for funding under this program and in 2013-14, we were able to achieve:

- 286 medical specialist visiting services through a wide range of specialities under the Medical Specialist Outreach Assistance Program (MSOAP)
- 12 Paediatric surgical outreach services to Victoria and southern New South Wales under the Paediatric Surgical Outreach Program (PSOP)
- 56 medical specialist and allied health visiting services for Victorian women during pregnancy under the MSOAP –Maternity Services program
- 206 multidisciplinary team services under the Rural Health Outreach Fund (RHOF)
- 3 multidisciplinary team services under the RHOF- Ophthalmology



The aim of VicOutreach programs is to continue to support visiting health professionals to deliver outreach health services in rural, regional and Aboriginal and Torres Strait Islander communities

## Outreach - MOICD

The Medical Outreach Indigenous Chronic Disease (MOICD) program aims to increase access to a range of health services, including expanded primary health for Aboriginal and Torres Strait Islander people in the treatment and management of the following chronic diseases:

- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Chronic renal (kidney) disease

Stakeholder consultation confirmed that the Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease and Urban Specialist Outreach Assistance Program service plans remain appropriate. Implementation of the MOICD therefore involved a targeted application process for current service providers.

The program is promoted as VicOutreach Aboriginal Health.

In 2013-14, we were able to achieve:

- 40 multidisciplinary team services through a wide range of specialities under the MSOAP Indigenous Chronic Disease
- 38 medical specialist visiting services through a wide range of specialities under the Urban Specialist Outreach Assistance Program (USOAP)
- 87 multidisciplinary team services through a wide range of specialities under the Medical Outreach Indigenous Chronic Disease (MOICD)



68,781 occasions of service were provided in local communities by visiting health professionals

*Be Deadly, Be Healthy program is funded through VicOutreach Aboriginal Health working improve the health of families and reduce chronic disease in Gippsland's Baw Baw Shire.*

## Outreach - Ophthalmology and Healthy Ears

In late 2013, the Department of Health approached RWAV to also administer the Healthy Ears – Better Hearing, Better Listening program, a component of the Closing the Gap – Improving Eye and Ear Health Services for Indigenous Australians measure. This program is promoted as VicOutreach Healthy Ears.

The program supports multidisciplinary team-based, outreach, ear health services to Aboriginal and Torres Strait Islander children and young people (0–21 years) living in urban, regional and rural locations in Victoria.

During the initial period of funding under the Healthy Ears program, RWAV engaged the Wimmera Hearing Society Inc. (WHS) to deliver outreach ear disease detection services to Aboriginal Community Controlled Health Services (ACCHS) in rural and regional Victoria.

During each visit, WHS conducted ear screens for Aboriginal and Torres Strait Islander children. All children identified with hearing issues were referred to a general practitioner (GP), audiologist or ear, nose and throat specialist. WHS encouraged the Aboriginal Health Worker (AHW) at the hosting ACCHS to follow up children who were referred for further investigation, four to six weeks after their scheduled visit to the GP or specialist and monitor these children until their ears were healthy.

Over the six months, WHS provided thirteen days of outreach services and up skilling to ten ACCHS'.

RWAV is currently working on a needs assessment for the program up to the 30 June 2016



*The mobile van used by the Wimmera Hearing Society*

## Inform - Data and Research

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

We undertake an annual collection of data on the rural GP workforce in Victoria through a GP Workforce and Skills Update and Medical Practice Update. The information provided is used to assist us in identifying the critical recruitment and support needs for GPs in rural Victoria and contributes to the National Minimum Data Set (MDS) for the rural and remote medical workforce across Australia.

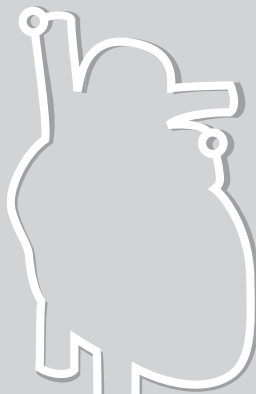
Using the compiled survey data from previous years, we are able to identify trends and changes within the rural Victorian GP workforce. Tracking these changes provides RWAV with a unique overview of the workforce allowing us to anticipate future shortages within the rural Victorian workforce.

A snapshot of our findings is published and distributed to all our stakeholders, the 2013 snapshot showed the following trends:

- There were 1,649 GPs practicing in rural and regional Victoria of which 250 were GP Registrars
- The increase in female GPs continues and makes up currently 39% of the medical rural workforce
- The percentage of female GPs (55%) is highest in the under 35 age group
- The mean age for male GPs is 51.0 years and 45.3 for female
- 24% of all GPs classify themselves as working part-time
- Doctors who obtained their primary medical degree overseas now comprise 49% of the rural and regional Victorian GP workforce
- Almost 1 in 5 GPs plan on leaving the GP workforce within the next 5 years

We also work collaboratively with our peak body Rural Health Workforce Australia to advocate on behalf of the rural health workforce through the making submissions to various government reviews, discussion papers and inquiries.

The data provided by GPs and practices to our surveys enables RWAV to identify critical recruitment and support needs for rural GPs





## Inform - Community Consultations

RWAV continued its regional engagement strategy in 2014 with a RWAV Board meeting and a stakeholder consultation held in Warrnambool on the 21 February 2014.

The consultations are an integral part of RWAV's focus on providing sustainable health solutions to Victorian rural and regional communities.

In Warrnambool, a series of scheduled roundtable discussions were undertaken between the RWAV Board and local health providers to better understand how to improve local access to primary health services.

The next regional Board meeting and stakeholder consultation has been scheduled for Bendigo in February 2015.

The consultations are an integral part of RWAV's focus on providing sustainable health solutions to Victorian rural and regional communities



*Dr Julie Thompson (Director), Rod Jackson (CEO), Prof James Dunbar, Dr Ann Dunbar and Dr Wendy Bissinger (Director) at the Stakeholder function*

## Financial Statements

### Auditors Independence Declaration

#### **Auditor's Independence Declaration**

As auditor for the audit of Rural Workforce Agency, Victoria Limited for the year ended 30 June 2014, I declare that to the best of my knowledge and belief, there have been:

- a) no contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of Rural Workforce Agency, Victoria Limited during the period.



Amanda Campbell  
Partner

Melbourne  
14 October 2014

## Financial Statements

Income statement for the year  
ended 30 June 2014

**Rural Workforce Agency, Victoria Limited**  
**Statement of comprehensive income**  
**For the year ended 30 June 2014**

	Notes	2014 \$	2013 \$
<b>Revenue from continuing operations</b>	3	<b>9,972,511</b>	10,754,801
Projects and grants expense		(5,860,022)	(6,459,697)
Employee benefits expense		(2,853,308)	(4,655,952)
Depreciation and amortisation expense	4	(69,373)	(83,526)
Other expenses	4	(1,516,636)	(1,525,946)
<b>(Loss) for the year</b>		<b>(326,828)</b>	(1,970,320)
<b>Other comprehensive income for the year, net of tax</b>		<b>-</b>	-
<b>Total comprehensive (loss) for the year</b>		<b>(326,828)</b>	(1,970,320)

## Financial Statements

### Statement of financial position as at 30 June 2014

Rural Workforce Agency, Victoria Limited  
Statement of financial position  
As at 30 June 2014

	Notes	2014 \$	2013 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	3,072,381	3,900,340
Trade and other receivables	6	122,188	291,850
<b>Total current assets</b>		<b>3,194,569</b>	<b>4,192,190</b>
<b>Non-current assets</b>			
Receivables	7	131,482	-
Property, plant and equipment	8	367,551	153,980
<b>Total non-current assets</b>		<b>499,033</b>	<b>153,980</b>
<b>Total assets</b>		<b>3,693,602</b>	<b>4,346,170</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	9	746,855	1,066,067
Provisions	10	186,651	215,520
<b>Total current liabilities</b>		<b>933,506</b>	<b>1,281,587</b>
<b>Non-current liabilities</b>			
Provisions	11	53,298	30,957
<b>Total non-current liabilities</b>		<b>53,298</b>	<b>30,957</b>
<b>Total liabilities</b>		<b>986,804</b>	<b>1,312,544</b>
<b>Net assets</b>		<b>2,706,798</b>	<b>3,033,626</b>
<b>EQUITY</b>			
Retained earnings	12	2,706,798	3,033,626
<b>Total equity</b>		<b>2,706,798</b>	<b>3,033,626</b>

# Financial Statements

## Independent audit report

### Independent auditor's report to the members of Rural Workforce Agency, Victoria Limited

#### *Report on the financial report*

We have audited the accompanying financial report of Rural Workforce Agency, Victoria Limited (the company), which comprises the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

#### *Directors' responsibility for the financial report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and is appropriate to meet the needs of the members.

The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's responsibility*

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

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

#### *Auditor's opinion*

In our opinion, the financial report of Rural Workforce Agency, Victoria Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

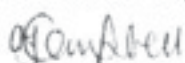
- (a) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, and the *Australian Charities and Not-for-profits Commission Act 2012*.

#### *Basis of accounting and restriction on distribution and use*

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our report is intended solely for the members of Rural Workforce Agency, Victoria Limited



PricewaterhouseCoopers



Amanda Campbell  
Partner

Melbourne  
14 October 2014



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