

**RURAL WORKFORCE
AGENCY VICTORIA**

2019-20 ANNUAL REPORT

**HONOURING HEALTH
CARE WORKERS ON
THE FRONT LINE**

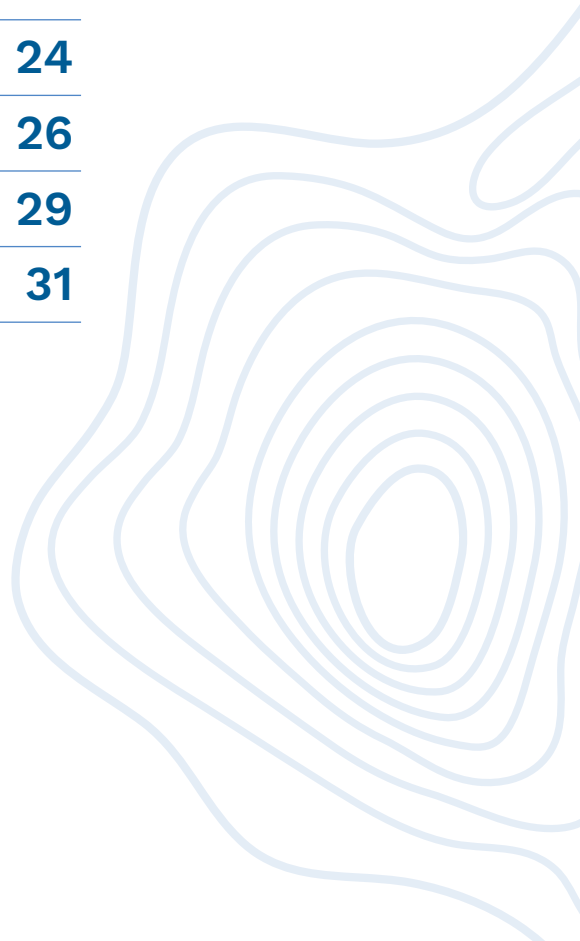


RWAV acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land, and acknowledges and pays respect to their Elders, past, present and emerging.



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OUR VISION

Health equity for rural, regional and Aboriginal Victorians.

OUR MISSION

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

THE RWAV APPROACH

There are three core pillars that underpin the work carried out by Rural Workforce Agency Victoria (RWAV). They are:

BUSINESS EXCELLENCE

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

SERVICE DEVELOPMENT

- Provide contemporary services that are relevant, required and meet the needs of our stakeholders and service users
- Design and test innovative models to enhance patient access to the rural health workforce including:
 - specialist in-reach and telehealth solutions
 - methodologies to connect providers across primary and secondary care
 - technological innovation to support rural health care practices and professionals
- Ensure all RWAV services are underpinned by population health data and workforce data

ENGAGEMENT AND ADVOCACY

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

MESSAGE FROM THE CHAIR, DR YOUSUF AHMAD



This year sees the end of my time on the RWAV board. Reflecting on the last 10 years, there has been significant change for health care in country Victoria. I am proud of my time as a Director and Chair, and particularly proud of the significant contribution RWAV has made to improving health equity for Victorian rural, regional and Aboriginal and Torres Strait Islander communities.

RWAV's impact begins with excellent governance. The highly skilled team of directors and their dedication has led to improved operational capacity, as well as exceptional service delivery. I am also very pleased to have witnessed the growth of RWAV's advocacy role over the last couple of years to advocate for improved access to primary health care in rural and regional Victoria.

I wish to acknowledge and thank RWAV Chief Executive Officer (CEO) Trevor Carr, who commenced in the role this financial year. His strategic leadership has guided the invaluable work carried out by the RWAV team.

I also wish to acknowledge the contributions of the Board Directors. Thank you for your support and guidance, and to long-serving director Anthony Graham who is retiring this year. I extend a welcome to the new directors who will be appointed.

It is important to have organisations such as RWAV supporting rural Victoria. Truly understanding Victorian country health, with consideration of how rural health services work, the challenges they face and knowing where the workforce challenges and opportunities lie, are imperative to being able to support rural health practices, health professionals and patients.

I have confidence that RWAV will continue its outstanding work in supporting the current rural and regional health workforce, and work towards providing innovative solutions in workforce planning. The focus needs to be on developing sustainable workforce solutions which cater to the needs of rural and regional communities. RWAV has consistently worked towards this goal by collaborating with key health stakeholders and organisations to focus on a workforce that can ultimately provide a long-term solution for accessible primary health care delivery in country Victoria.

2020 has proved to be an extraordinarily difficult year for rural communities. They have faced unprecedented hardships caused by the summer bushfires which drastically affected East Gippsland and the Upper Murray region, followed immediately by the COVID-19 pandemic. Notwithstanding, the pandemic has also imposed significant challenges to health care. It has impacted every aspect of peoples' lives, and has affected the physical, psychological and social health of Victorians. For health services, the pandemic has brought to light the challenges of adapting business models and delivery of health services.

Despite these circumstances, rural health professionals have shown true resilience and dedication. Going forward, on-going support needs to be provided to deal with the lasting impacts of these challenges to help communities recover, build resilience, and ensure health workforce capacity is increased. I have no doubt that RWAV will rise to the task.

Dr Yousuf Ahmad
Chair, Rural Workforce Agency Victoria

MESSAGE FROM THE CEO, TREVOR CARR



There is no doubt that 2020 will be a year that takes up space in the history books. It has been a year that many of us would like to forget. It saw country Victorians face devastating bushfires and the long-term effects of drought, and then the COVID-19 pandemic. The impact of COVID-19 has been immense and I extend our deepest sympathy to all who have lost loved ones, or who have seen loved ones suffer through this crisis.

Despite these challenges, it has been a year that has demonstrated the incredible capacity and adaptable nature of our health professionals. Health professionals have been on the front line, and have worked tirelessly for their communities.

We thank all of our wonderful health care workers across the State – you have all worked tirelessly and made personal sacrifices to keep everyone safe and healthy.

At RWAV we've been doing what we can through our various programs in assisting health care professionals in rural and regional Victoria to do such an amazing job. Despite the challenging implications of the COVID-19 restrictions, the RWAV team has maintained their support to health care providers in country Victoria. It feels like an understatement to note just how tough the year has been, and I thank each and every member of the RWAV team for their ongoing commitment to our mission.

To better reflect the work that we undertake, we have amended our mission which is now expressed as follows: 'to apply contemporary workforce development strategies that advance rural, regional and Aboriginal Victorians' access to high-quality health care.'

RWAV programs have seen more health professionals recruited to country Victoria, grants awarded to health professionals across the state to help with professional development, student placement programs undertaken so that the next generation of health professionals do not miss out on vital real-life rural experiences, and adaptable Outreach service programs carried out to make sure that no-one falls between the cracks.

We've been working with key partners and the government to consider the enduring benefits of telemedicine as a complement to face-to-face consultations. We have also been engaged in conversation to improve the distribution of health professionals through initiatives such as the rural generalist program; through Victoria becoming a signatory to the Council of Australian Governments (COAG) section 19.2 Exemptions Initiative; through the National Medical Workforce Strategy; and the Primary Health Care 10-Year Plan.

Throughout the year, RWAV has engaged regularly with our key partners at The Royal Australian College of General Practitioners (RACGP), The Australian College of Rural and Remote Medicine (ACRRM), the regional training organisations, the rural Primary Health Networks (PHNs), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and at the Commonwealth and Victorian Departments of Health. The engagement with VACCHO and the rural PHNs in particular has set the foundation for collaborative projects in the years ahead. To the Commonwealth and Victorian governments, we say thank you for your ongoing funding and support of the RWAV programs.

In the aftermath of the COVID-19 crisis, there will be important conversations to be had about our health care system and how it needs to support Victorians in rural and remote areas. The health workforce and ways of providing health care services will be a key part of these conversations. We will advocate strongly to retain the features of reform that worked well during the crisis, but not at the expense of the elements that worked well before the crisis.

Suffice to say, the position that RWAV takes on health policy will always be focused on how our system can improve to achieve 'health equity for rural, regional and Aboriginal Victorians'.

A stylized, handwritten signature in black ink, consisting of a large, sweeping loop followed by a horizontal line that ends in a small flourish.

Trevor Carr
CEO, Rural Workforce Agency Victoria

CELEBRATING 20 YEARS OF SERVICE AT RWAV

ANTHONY WEBB, RWAV GENERAL MANAGER – OPERATIONS & COMPLIANCE



In 2020 Anthony Webb, General Manager – Operations and Compliance celebrated his 20-year anniversary working at RWAV. During his time here, he has witnessed first hand the changing landscape of rural health in Victoria, and the contributions made by RWAV to improve access to primary health care services in rural and regional communities. Anthony shares with us the moments that are most memorable and his proudest achievements since joining RWAV in 2000.

Tell us about your start at RWAV and the roles that you have had.

I was the Director of Corporate Services at the Central Highlands District Health Service based in Emerald, Queensland, when I applied for the role of Executive Officer with RWAV. I finished in Emerald on 30 June 2000 and drove down to Melbourne, and have been here ever since. My first day at RWAV was on 10 July 2000, back when the office was based in Carlton.

As Executive Officer, I managed day-to-day operations, encompassing program coordination, finance, budgeting and human resources. While my job title has changed over the years, I have primarily retained the responsibilities for operations, finance and budgeting.

What achievements are you most proud of in your 20 years of working with RWAV?

I am proud that RWAV remains a viable and operational organisation, and will celebrate 22 years of operations this year when many organisations that were in existence at the time, and part of the rural medical workforce in Victoria when I started with RWAV, have ceased.

It is a testimony to the work that RWAV has done, and continues to do, to address improved access to primary health care services for rural Victorian communities, and that the Australian and the Victorian Governments have confidence in RWAV's ability to deliver programs and services.

From your point of view, what are some of the most memorable moments in RWAV's history?

The Black Saturday Bushfires in 2009 left a lasting memory on the staff that were involved in the emergency support work that RWAV undertook providing GP locums and coordination. The work continued for a number of years thereafter, ensuring that there was access to primary health care services in Kinglake, and culminating in the construction and opening of a new clinic to service the community.

Personally, my involvement with the recruitment of overseas trained doctors, and the opportunity in 2005 to be part of the Australian Government Opportunities Australia Expos in the United Kingdom, was rewarding. It was a chance to actively promote Australia, Victoria, and the benefits of rural general practice to a varied cohort of overseas-trained GPs – many who ended up being supported by RWAV to relocate to rural Victoria.

How has the rural health landscape changed over time in Victoria?

Originally, RWAV was funded to address the maldistribution of GPs, and in particular to concentrate on the recruitment of overseas-trained doctors to fill demand in rural and regional areas whilst Australia was increasing the number of doctors that it trained.

We have seen a massive increase in the domestic supply of medical graduates, but a decreasing number that are interested in, or are going into, general practice as a career, and then considering to work in rural and regional areas. There is still an important need for international medical graduates to fill the gaps in rural areas.

Other clear trends are the changing models of service delivery, the importance of multidisciplinary teams, expansion of roles for some health professionals, and the use of technology to access primary health care services, which was fast-forwarded due to COVID-19.

What impact do you think RWAV has made to rural health in Victoria?

The impact has been significant both from a recruitment perspective and the delivery of services.

RWAV has been there for the last two decades to support rural practices seeking to recruit and retain GPs, and more recently in the last few years to recruit and retain nursing professionals and allied health professionals. There have been hundreds of GPs recruited by RWAV to provide necessary primary health care to rural and regional communities.

Additionally since 2002, RWAV has administered Medical Outreach Specialist Programs, expanding from a single program to now eight specific programs that target services being delivered in rural and Indigenous communities. In this financial year, 397 services were funded, enabling 3,564 visits and providing 48,580 occasions of service that rural people would not have been able to access in their local community, and would have required them to travel to access those services.

What innovative work is RWAV currently doing to enhance the access and quality of health care for rural Victorian communities?

As part of our core funding agreement with the Commonwealth Department of Health, we are required to undertake an annual Health Workforce Needs Assessment which then forms the basis for the programs and services that we deliver.

Being able to utilise the health workforce data that RWAV collects, and having access to previously unavailable departmental data through the HeaDS UPP tool, has seen significant improvements in our ability to identify areas of need, and to direct resources and programs to specifically target those communities.



OUR HIGHLIGHTS

RECRUITMENT

98

GP placements

41

Nursing and allied health placements

Modified Monash Model	Number of health professionals recruited
MM2	30
MM3	22
MM4	40
MM5	45
MM6	2

146

Locum GP placements with

3,827

Sessions

83

Provided visiting medical officer (VMO)/on-call services

24

Placed in Aboriginal Community Controlled Organisations (ACCO)

Modified Monash Model	Number of locums recruited
MM2	4
MM3	11
MM4	21
MM5	109
MM6	1

GRANTS

\$1,719,315

Total value of grants administered to rural health care workers

866

Grants processed

136

Education support grants administered

274

Health Workforce Scholarship Program grants administered

228

Medical Professional Development grants administered

161

Rural Allied Health Support Program grants administered

67

Relocation support grants administered

FUTURE WORKFORCE

84

Rural Clinical Placement Grants approved to support medical, nursing and allied health students to undertake placements in regional or rural Victoria

83

John Flynn Placement Program (JFPP) scholars were able to undertake immersive placements in regional and rural Victoria

59

JFPP mentors engaged to support the next generation of medical professionals

36

JFPP community contacts engaged to introduce scholars to their rural community

27

JFPP hosts welcomed scholars into their homes while on placement

OUTREACH

8

Outreach programs administered

397

Services provided in the areas of chronic disease, mental health, maternal and paediatrics, eye and ear health

3,564

Outreach visits completed by health professionals

48,580

Clients seen across regional and rural Victoria

68

Health professionals participated in cultural safety training workshops to enhance their cultural awareness in practice

42

Services supported to transition from face-to-face to telehealth due to COVID-19

WORKFORCE SUPPORT

287

Doctors case managed on the Rural Locum Relief Program (RLRP) and More Doctors for Rural Australia Program (MDRAP)

157

Number of organisations MDRAP & RLRP services are based in

Organisation Types

ACCO	2
Community health centres	8
General practices	147

55

Doctors have achieved GP fellowship while on our programs in the 19-20 financial year

36

Doctors met the goal of MDRAP and transitioned onto a formal college based training program

ADVOCACY AND LOBBYING

RWAV met with seven State MPs of Victoria to highlight the challenges of maintaining a sustainable health workforce in rural Victoria:

- The Hon Jenny Mikakos
- Ms Steph Ryan MP
- Ms Emma Kealey MP
- Mr Danny O'Brien MP
- Mr Tim McCurdy MP
- Ms Louise Staley MP
- Ms Georgie Crozier MP

Submitted advocacy paper:

'Insights into Rural Telehealth Experiences during COVID-19' to the Australian Government Department of Health and the Minister for Health

IMPROVING ACCESS TO PRIMARY HEALTH CARE SERVICES

RWAV is fundamentally driven by our vision of health equity for rural, regional and Aboriginal Victorians. Health equity is what underpins our workforce planning and guides the development of our programs and services to ensure that communities have increased access to primary health care.

In order to address the health workforce shortages and maldistribution in regional, rural and remote Victoria, RWAV conducts the Health Workforce Needs Assessment to identify opportunities for resource allocation and meet current and future community health workforce needs through workforce planning.

We continue to work closely with health services across rural and regional Victoria to support their health workforce needs. Our recruitment programs ensure that health services can reach a pool of professionals that are eager to contribute to the health outcomes of country Victorian communities, and by the same token, we support health professionals to find employment opportunities that meet their career goals. In the 2019-20 financial year, RWAV placed 139 health professionals and 146 GP locums.

The eight outreach programs administered by RWAV enable rural, regional and Aboriginal and Torres Strait Islander communities to access health professionals in areas where local service providers have not been sustained. In 2019-20, Outreach service providers contracted by RWAV completed 3,564 visits with 48,580 patient encounters, working in the areas of chronic disease, mental health, maternal and paediatric health, and eye and ear health.

While the second half of the financial year brought significant challenges by way of the bushfires and the COVID-19 pandemic, RWAV has endeavoured to adapt and broaden our scope of work. Our experience in mobilising locum relief meant that we were able to support 13 bushfire affected communities to access medical and nursing locum relief support during a critical time. In the subsequent months, we turned our attention to supporting health services and health professionals to continue to meet their workforce needs in the face of COVID-19. We helped to ensure the safety of communities by supporting Outreach service providers to transition their service delivery to telehealth.

WORKFORCE PLANNING

Health Workforce Needs Assessment

Each year RWAV undertakes the Health Workforce Needs Assessment for the Rural Health Workforce Activity Program. This needs assessment uses health workforce data to determine areas of workforce and skills shortages. It guides RWAV's business activity for the next financial year in order to best meet the needs of rural Victorian communities. RWAV uses this data to assist with the allocation of workplace placements and support grants, training and upskilling. This planning helps to reduce workforce maldistribution and guide health practitioners to where they are most needed across rural Victoria.

RWAV also undertakes service planning for the Outreach programs. The planning takes into account workforce distribution, health needs, cycle of care and demographic data to determine areas for Outreach prioritisation. Once areas are determined, we work with communities to ascertain the exact level of need and where practitioners can be hosted to meet that need.



Health Snapshot 2019

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

Thank you to everyone who provided information in the 2019 survey. The information you provided will assist us to identify the critical recruitment, retention, professional development, and support needs of health professionals, as well as contributing to a national Minimum Data Set on the regional and rural general practice workforce in Australia.

Note: The results are from a survey of GPs conducted in rural and regional Victoria (MMM2-7) and in Geelong (MMM1) between 15 November and 15 December 2019. The survey was conducted to understand GP workforce statistics and the role of data (e.g. advanced skills practiced, VMO rights). The survey was sent out to 2,029 unique GPs and registrars, with a response rate of 18.88% (N = 383).

WORKFORCE DEMOGRAPHICS

Male

59.9%

Female

40.1%

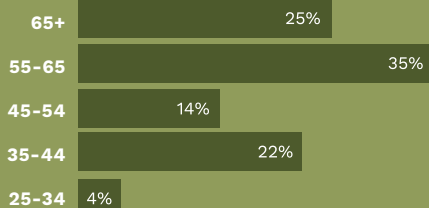
Australian Born

50.7%

Overseas Born

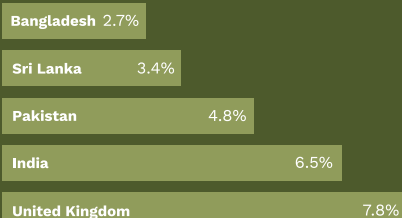
49.3%

WHAT AGE ARE COUNTRY GPs?



The mean age of respondents was **55.2 years old**.

THE TOP 5 MOST COMMON COUNTRIES OF BIRTH WERE:



HOURS SPENT IN GENERAL PRACTICE

31.4 HOURS

Mean hours spent in general practice (n = 654).

18.1 HOURS

Typical mean hours available on-call per week (n = 353)

3.7 HOURS

Mean hours worked during hours on-call (n = 343)

ADVANCED SKILLS

WHICH ADVANCED SKILLS DO YOU CURRENTLY PROVIDE AT YOUR MAIN PRACTICE?

Palliative Care	39.9%
Paediatrics	40.7%
Obstetrics	35.2%
Mental Health	55.4%
Emergency Care	34.7%
Aged Care	50.1%
Aboriginal Health	19.6%

WORKFORCE INTENTIONS

HOW MUCH LONGER DO YOU PLAN TO REMAIN IN YOUR CURRENT MAIN PRACTICE?

< 1 Year	9.1%
1-3 Years	21.1%
3-5 Years	21.4%
5-10 Years	18.5%
10+ Years	19.7%
Unsure	10.3%

VISITING MEDICAL OFFICER SERVICES

44% VMO

43.9% (n = 158) of GPs provide visiting medical officer services to a local health service or hospital

VMO services

Admitting	91.1 %
Procedural	35.4%
Anaesthesia	
» General	18.4%
» Epidural/Spinal	17.7%
» Paediatric	13.9 %
Obstetrics	
» Normal delivery	18.4%
» Procedural LSCS	12.7%
» Procedural non LSCS	12%
Surgery	
» Orthopaedic	5.7%
» General	7.6%
Emergency	51.9 %
Population Health	
(ATOD or sexual health clinics)	5.7 %
Aboriginal Health	5.1 %



Dr Rabin Vikrama

GP placed to Lime Medical Clinic, Mildura

“Victoria had not been in the picture before because I think I just didn’t have accurate information about the system requirements. A good friend of mine put me through to RWAV who told me the real process. After understanding what was right and what was wrong, it was quite smooth from there.

Here in Mildura, you’ve got, first of all, a lot of help, and second, you’ve got a lot of education. Every week we’ve got something on. We had a pathologist come in to talk about lung cancer, an orthopaedic doctor talking about arthritis, ENT, emergency – so you know even without having to do CPD online I’m getting my points up.”

Richard Shaules

Social Worker placed to Rural Northwest Health, Warracknabeal

“Where I lived before it was a two-minute drive from work, never had traffic lights, never had traffic, so I wanted to keep that going. There were a few rural social work jobs, but a lot of them were mental health focused, and I wanted something a bit more varied. This role at Rural Northwest Health has been great in that sense.

I didn’t realise just how much of a benefit RWAV is... especially how they reached out and made contact a few times just to make sure I was settling in, and had access to everything I needed. I don’t think a typical recruitment agency would do something like that.”

Dr Lesley Cadzow

Regular RWAV GP locum

“I’ve been working with RWAV now for 10 years, and it works well because other times I’m also working as a ship’s doctor in Antarctica, so that lifestyle works very well for me.

I wanted to do rural locum work because I felt I was in the city a lot and I just wasn’t using all of my experience to the best. I’ve learnt lots of new things and it’s very exciting to go to lots of new communities and meet new people.”

PROVIDING LOCUM SUPPORT TO BUSHFIRE-AFFECTED COMMUNITIES

In the summer of 2019-20, all of Australia was impacted by the devastating bushfires that tore through country communities. In Victoria, a State of Disaster was declared as months-long fires burned through towns in the north-east and East Gippsland regions, forcing residents to either evacuate or stay behind to protect their homes.

During this time, Victorian hospitals and health providers served as the linchpins to their communities. Health professionals worked tirelessly around the clock to care for residents who stayed behind and were suffering from the hazardous effects of the heavy smoke.

For more than 20 years, RWAV has worked with rural Victorian communities to recruit and support health professionals. Reminiscent of the 2009 Black Saturday Bushfires, RWAV was able to quickly scale up our services to mobilise doctors on the RWAV GP Locum Program to provide locum relief to health services in need. Our first locum doctor was deployed to Corryong on 6 January 2020.

In the subsequent weeks, the Victorian Department of Health and Human Services enlisted RWAV to act as the health workforce coordination agency to recruit, engage and supply clinical staff to provide relief for existing staff and fill vacancies.

“Omeo District Health has received support from Rural Workforce Agency Victoria for many years in recruiting general practitioners to our health service. During threatening bushfires encountered during the summer of 2019-2020, it was reassuring to be able to deal with familiar people that knew our remoteness when we were being challenged with nursing staff shortages. Some of the nursing staff may have undertaken agency work in metropolitan hospitals in the past, but I’m certain the experience was something that they will reflect on for many years.”

Darren Fitzpatrick,
Director of Nursing, Omeo District Health

RWAV gathered expressions of interest from 593 health professionals during this time, and over the course of January and February, we placed 26 medical professionals and 24 nursing professionals to the communities of Albury Wodonga, Bairnsdale, Beechworth, Corryong, Mallacoota, Moe, Mount Beauty, Myrtleford, Omeo, Orbost, Rosedale, Tallangatta and Walwa.

The events over this summer were a demonstration of the resilience and unity of our rural communities, and the dedication of health professionals to support one another under difficult circumstances.

In the aftermath of the bushfires, RWAV remains committed to supporting communities to rebuild and recover. Bushfire-affected communities in rural Victoria have been particularly impacted by the COVID-19 pandemic, due to significant travel restrictions occurring a mere few months after the devastating bushfires.

RWAV has engaged with Bushfire Recovery Victoria to discuss strategies for future support and the importance of planning ahead to manage health workforce demand surges for future crises.

RWAV looks forward to collaborating further with Bushfire Recovery Victoria, to ensure the hardships experienced by fire affected communities are not forgotten.



NURSING RELIEF TO CORRYONG

Suzanne Muller is a Registered Nurse (RN) working at Bendigo Health. Like many watching the devastation of the bushfire reports in January, Suzanne felt that she had a duty to help the affected communities however she could. She grew up in the town of Serpentine, where her father had been heavily involved in the Country Fire Authority (CFA), and she was accustomed to the small community attitude of pitching in to help others in times of need. She responded to a call out she saw from RWAV, requesting RNs to help provide relief work in Corryong – a north-east Victorian town that had been hit hard by the bushfires.

“I donated financially and I donated toothpaste and shampoo and things like that. But when I saw the opportunity to perhaps assist in a slightly more meaningful way because I had nursing knowledge and skills, then I thought, well, if that can assist them a little bit more, I was more than happy to go there,” Suzanne says.

At this time, the roads to Corryong were blocked and only local community members and emergency response teams were allowed through. Suzanne drove to Albury-Wodonga, where she was picked up by a hospital executive, and taken to the hospital –which would also serve as her accommodation over the next few days.

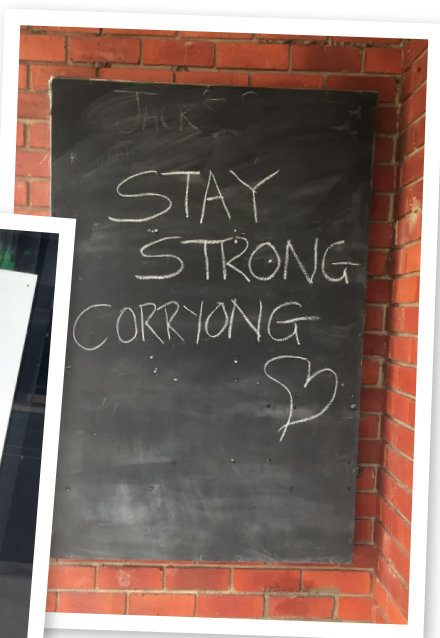
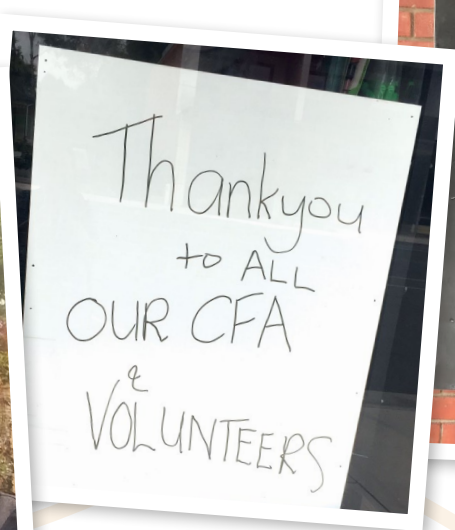
“The staff were very welcoming, but I could see they were quite traumatised... they were grieving because of the effect on the community.

“Some of the staff had been evacuated from their homes, including the CEO of the hospital. Some staff had been accommodated at the army barracks.”

Over the next few days of her placement, Suzanne provided relief for the nursing staff working in the emergency care centre, and contributed to cleaning and restocking where needed.

“Aside from assisting with nursing and the cleaning at the hospital, I think a big part of it is knowing that people outside of the community genuinely care and listen to their story.

“It was a rewarding experience. It was a privilege to hear those stories directly from the people... And they just seem like such a resilient community.”



OUTREACH SERVICES

In many places in rural and regional Victoria there is limited or no access to health care specialists. To make sure that these communities have access, RWAV provides outreach services to regional, rural and Aboriginal and Torres Strait Islander communities across Victoria.

RWAV administers eight Outreach programs:

Service delivery programs

- Eye and Ear Surgical Support (EESS)
- Healthy Ears Better Hearing Better Listening (HEBHBL)
- Medical Outreach Indigenous Chronic Disease Program (MOICDP)
- Rural Health Outreach Fund (RHOF) – Chronic Pain Management Program
- Victorian Optometry Scheme (VOS)

Project coordination programs

- Coordination of Indigenous Eye Health
- Ear Health Coordination

A key initiative in the financial year was to support Outreach service providers and Aboriginal Community Controlled Organisations to transition from face-to-face to telehealth delivery where appropriate. This included a transition period where all telehealth visits could be claimed as face-to-face, and the addition of a 'coordination fee' in the telehealth contracts to allow for additional time, equipment and associated costs in setting up the telehealth platform and process.

In 2019-20 RWAV administered 397 outreach services, with 3,564 visits completed and 48,580 patient encounters. Thank you to all the dedicated outreach service providers who made this possible.

Budja Budja Mobile Van

RWAV was excited to be able to provide funding support for the 'Health to You' Mobile Van project with Budja Budja Aboriginal Cooperative in Halls Gap. A first-of-its-kind initiative for Victoria, the van aims to trial a social and emotional wellbeing and mental health service through a mobile van, specifically for Aboriginal and Torres Strait Islander communities who have difficulty accessing services in Halls Gap. The mobile clinic will focus on providing services to Ararat, Stawell, and immediate surrounding areas.

The van provides easily accessible, culturally safe, welcoming and responsive services to Aboriginal and Torres Strait Islander families. Services on the van include social and emotional support, assistance with education, housing and employment needs, and basic clinical health services.

In the 2019-20 financial year, 46 new patients signed up to receive on-going health care services from Budja Budja Aboriginal Co-operative after receiving care in the mobile clinic, and 19 Aboriginal and Torres Strait Islander Health Assessments were completed in the mobile clinic.



PATIENTS SEEN IN 2019-20 THROUGH THE OUTREACH SERVICE DELIVERY PROGRAMS

EESS	41
HEBHBL	803
VOS	1,922
MOICDP	5,048
RHOF	35,934

OUTREACH SERVICE PROVIDERS MAKING A DIFFERENCE

Dr David Tickell has been based in the Ballarat region for the last 13 years and is the director of Paediatrics Ballarat. Every month he delivers outreach paediatric services to Stawell, Horsham and Ararat.

Dr Tickell has an immense respect for country work. “I used to live and work in Melbourne, and I think the work in a regional centre allows for a much greater diversity of patient presentations and care,” he says. “In the country, we don’t have sub-specialists who will see all of the varying diseases, we have to handle all of them.”

Paediatrics Ballarat provides outreach services to Ararat, Stawell, and Horsham, with nine paediatricians and several trainees providing outreach services. Dr Tickell says outreach services are vital for country Victoria.

“You only have to look at a lot of the statistics around the health outcomes for people in more rural and remote communities to understand that their outcomes are not as good. Their access to many things, including health care, is not as good, and the more that we can equal that up, I think it is a good thing for all of Australia.

“Once in every six weeks I pack up the equipment and travel out to Stawell. This also allows families not to have to travel too far. In saying that, I see patients from many kilometres further than Stawell. They might be coming from Rainbow or Nhill multiple hours west of Stawell, but it cuts down their travel times to Ballarat or even, heaven forbid, Melbourne. If they can see me in Stawell, it makes it a lot easier for them.”

Due to COVID-19, Dr Tickell has had to adapt his services to telehealth. “I think with the advent of telehealth and the realisation that it is achievable, which has been forced upon us by COVID, there now exists the opportunity to provide these services through a mixture of face-to-face and telehealth. So even if the physical outreach only occurs periodically, it can then be supplemented with telehealth in a reasonably robust manner that still does not compromise health care.”



ENHANCING WORKFORCE SKILLS & CAPACITY

RWAV is committed to supporting key priorities that sustain the delivery of a high quality and well distributed health workforce. We offer grants that aim to increase training opportunities, assist retention, and provide career development support to doctors, nurses and allied health professionals.

Over the 2019-20 financial year, RWAV is proud to have supported 628 rural health professionals to access grants for their career development. This means that 136 regional, rural and remote towns in Victoria benefitted from the continued training and upskilling undertaken by our grant recipients.

In addition to our grant offerings, we have placed emphasis on designing and delivering learning and development opportunities that benefit health professionals working in rural Victoria, effectively coordinating and administering 3GA programs (MDRAP and RLRP) and ensuring doctors on our 3GA programs are well supported and have up-to-date information on their progress.

Through these initiatives, we have been able to strengthen our working relationships with training organisations to tailor specific programs for health professionals in rural Victoria, conduct Q&A workshops for practices and doctors about our 3GA programs and pathways available to fellowship, and increase the volume of cultural safety training workshops for rural health professionals to access.

GRANTS AND PROFESSIONAL DEVELOPMENT

RWAV's grant offerings recently underwent a review and refresh. As a result, new grants were established to support health professionals and students. Grant eligibility criteria were better aligned with the needs of priority communities and health professionals as identified in the RWAV Health Workforce Needs Assessment. A new online tool was created for the RWAV website to better support health professionals to search for, and apply for, relevant grants. To identify areas of need, increased and continued discussions were held with relevant stakeholders, including PHNs and Aboriginal and Torres Strait Islander state peak bodies.

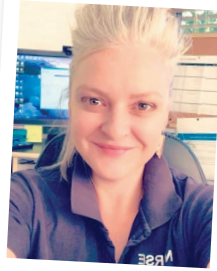
This year the RWAV grants program administered 866 grants to Victorian health professionals and students to undertake an array of professional development activities such as short courses, webinars, conferences, and postgraduate study, or to access financial support for fellowship preparation. RWAV has also supported health professionals to relocate to rural and regional Victorian towns with over 65 relocation grants released. RWAV's grants program plays a vital part in ensuring Victoria's rural and regional health workforce remains agile and contemporary and continues to act as an attractive incentive to health professionals considering rural practice.

“I'm very thankful to RWAV for providing financial support that I have received over the past six years in my practice in regional Victoria. This has enabled me to pay and get reimbursed for a course every year, which was very important for the practice needs of my community, and enabled me to upskill so that I was able to provide a better service.”

Jessica Moller,
OT recruited by RWAV to Lakes Entrance



PROVIDING NURSING CARE TO ONE OF VICTORIA'S MOST REMOTE COMMUNITIES



Dargo Bush Nursing Centre (BNC) was established by a group of nurses 112 years ago. The Gippsland town is one of Victoria's most remote communities, with a population of 99 residents that swells up to 5,000 in peak tourist times. Sarah Carr has been working at Dargo BNC for over 10 years, and in 2018 took over the nurse managerial role.

Dargo has the highest rate of over-65 year olds in the shire, and the second-highest rate of over 65s living alone. A trip to the nearest GP and town would take residents a three hour round trip. In order to maximise the services that Dargo BNC could provide to clients, Sarah decided to pursue the Rural and Isolated Practice Registered Nurse (RIPRN) course which she was able to receive reimbursement for through the Health Workforce Scholarship Program (HWSP) administered by RWAV.

The HWSP is an initiative of the Australian Government Department of Health and is designed to improve access to services needed in remote and rural areas across Australia by supporting an increase in skills, capacity and/or scope of practice. The HWSP provides professional development support to health professionals in rural, regional and remote Australia.

In these recent times, Sarah has experienced back to back the challenges of the bushfires, preparing for the National Safety and Quality Health Service Standards, and working to safeguard the community as much as possible against the threats of COVID-19.

“As a very remote area nurse, you have to learn to work by yourself because you’re autonomous and you have to expect anything to walk through the door. Dargo is one of the most remote BNCs in Victoria, and we’ve got at least a one-hour wait for an ambulance, where we are the first responder if there’s an accident,” Sarah says.

“The RIPRN is a qualification a Remote Area Nurse (RAN) can obtain, it’s a scheduled medicine endorsement which means it is very similar to what we currently have with our Ambulance Victoria guidelines where we can administer drugs in an emergency situation. The RIPRN guidelines can do the same thing, but not just for emergencies.

“The course also comes with your immunisation certificate, so next year, when I finish the course I will be able to immunise all our clients without having to get a nurse immuniser to come in and without having to get a drug order from a GP. You can also do suturing. It provides more of a service for people without having to leave their home.”

The RIPRN qualification will help Sarah to enhance her continuity of care to community members, which is already grounded in 10 years of building rapport with clients, their families and friends.

Joan Traill, Committee of Management President, Dargo BNC, says: “A big part of our role is not always of a medical aspect, but providing advocacy and support to all of our community members, and we spend a majority of our time organising health promotion events where the whole of the community is encouraged and welcome to attend.”

There’s a common saying that a RAN does anything from cradle to coffin, and everything in between. The Health Workforce Scholarship Program has enabled Sarah to work towards meeting the community’s health needs and providing clients with a holistic approach to care.

WORKFORCE DEVELOPMENT

RWAV 3GA PROGRAMS

RWAV supports medical practitioners on their journey to fellowship. Practitioners who do not hold specialist qualifications are restricted by section 19AA of the Health Insurance Act 1973 (the Act). This means that they are unable to access Medicare benefits unless they apply and participate in an approved training or workforce program under section 3GA of the Act.

RWAV is the administrator of two 3GA programs. The More Doctors for Rural Australia Program (MDRAP) and the Rural Locum Relief Program (RLRP).

MDRAP commenced in April 2019 as part of the Stronger Rural Health Strategy. The program aims to improve the quality and volume of services available in Australian rural and remote communities. The program also enables doctors who are non-vocationally registered to work in rural regions and access Medicare.

RLRP was closed to new applicants on 31 May 2019. RWAV continues to provide case management support to all doctors who were on the RLRP prior to this date, whilst they complete their time on the program with the aim of achieving fellowship with either RACGP or ACRRM.

In the 2019-20 financial year:

- 84 doctors were case managed on the MDRAP
- 215 doctors were case managed on the RLRP
- 36 doctors met the goal of the MDRAP and transitioned onto a formal college based training program
- 55 doctors have achieved GP fellowship while on our programs

These doctors are based in:

- ACCOs – 2
- Community health centres – 8
- General practices – 147

LEARNING AND DEVELOPMENT

RWAV facilitated several workshops over the 2019-20 financial year. These included:

RACGP Objective Structured Clinical Examination Preparation (OSCE)

The OSCE workshop is designed to provide participants with experience conducting a timed physical examination, experience in how to manage difficult cases, and how to manage their time for both long and short cases. These skills are then consolidated with a mock exam. 67% of doctors on an RWAV 3GA program who attended this workshop went on to pass their OSCE.

RACGP Key Feature Problem Exam Preparation (KFP)

The KFP workshop is led by a medical educator and is designed to provide participants with time management strategies, exam approach techniques, and ultimately the opportunity to undertake a mock KFP exam, followed by a discussion of responses. 70% of doctors on an RWAV 3GA program who attended this workshop went on to pass their KFP.

MBS Online Workshop

The MBS Online Workshop was offered exclusively to rural practices in areas most affected by the bushfires in December and January 2019-20, with the aim of assisting participants to maximise their Medicare benefits claims.

Cultural Safety Training Workshops

In collaboration with VACCHO, RWAV has continued to host cultural safety training workshops for health professionals to expand their cultural awareness and create strategies for cultural sensitivity in practice. Prior to COVID-19, cultural safety training workshops were delivered face-to-face in Bendigo, Ballarat and Melbourne.



GROWING THE FUTURE HEALTH WORKFORCE

RWAV's Future Workforce Program has adapted under the changing conditions of this year to continue to support, educate and attract students to rural health careers in medicine, nursing, midwifery and allied health.

With many of the usual student health conferences moving to an online format this year, RWAV jumped onto Zoom and continued to speak to the benefits of pursuing a rural career. We attended multiple virtual conferences including the University of Melbourne MD Student Conference, Western Vic Careers Expo and the AMA Medical Careers Expo. While everyone missed the opportunity to mingle around the coffee cart, it was clear from the high attendance rates that students had embraced the online format and were still keen to discuss their career options and the future opportunities that RWAV could offer.

Grants for Students

RWAV embarked on a large-scale review of our grants program this year with the student grant offerings receiving an upgrade. Students were surveyed to ascertain where improvements could be made and the findings resulted in the creation of the Rural Ambassador Student Grant. This grant will support students to attend or even host or organise their own rural health events, activities and initiatives. The survey also highlighted a desire amongst students to access opportunities that will increase their knowledge and understanding of Aboriginal and Torres Strait Islander culture. RWAV partnered with VACCHO to fund the cost of student attendance at their Cultural Safety Training sessions. The virtual sessions will further participants' understanding of how to work and communicate effectively with Aboriginal and Torres Strait Islander clients in their future services of care.

The John Flynn Placement Program (JFPP)

The JFPP Program, Australia's primary rural student placement experience, suffered some blows in 2020. Placements were put on hold due to the COVID-19 pandemic in March. Intrastate placements resumed in all states, except for Victoria, in July. RWAV has continued to support students throughout this period with credits and alternative options offered where possible. In order to keep Victorian JFPP scholars engaged in rural health, RWAV created the 'RWAV Student News' – a regular publication that keeps students abreast of any rural health activities, podcasts and publications.

We have also arranged some key speakers' events where health professionals speak to the topics that the scholars indicated their interest in when surveyed. Topics include; how to work, and communicate effectively with Aboriginal people, how Aboriginal communities and culture play a part in the health of Aboriginal people, and the experiences and journeys of Aboriginal health professionals or non-Aboriginal health professionals who work with Aboriginal communities.

“Being a community contact for the John Flynn Placement Program is very rewarding, positive and beneficial to the whole community of Lorne. I would highly recommend it and it has been a privilege to participate.”

Michelle Wallis

JFPP Community Contact



Georgia Maroske, JFPP Scholar placed to Wangaratta

Working with the Rural Health Clubs

RWAV continues to meet with the Victorian Rural Health Clubs from Deakin University, Monash University and the University of Melbourne on a regular basis to offer support, strategic guidance and to share ideas. The Rural Health Clubs routinely assist RWAV in promoting our student grants and initiatives. This is the first year that consistent meetings such as these have been implemented, and they have proven invaluable in ensuring our shared goal of rural health promotion is achieved.

It has been inspiring to work with the next generation of rural health professionals. Despite the many challenges that students have faced, including huge disruptions to their education, placements and employment, they remained flexible and determined. Their resilience has been encouraging and their optimism contagious. RWAV looks forward to continuing to offer support and guidance wherever we can.





COLLABORATIONS

For more than two decades, RWAV has worked with rural communities to enhance the access, quality and sustainability of the rural health workforce. In 2019-20 RWAV built upon relationships with key partners, working alongside health organisations, health professionals, and governments to promote health care in Victoria's rural communities. RWAV continues to engage regularly with our key stakeholders. Through these collaborations, RWAV is able to contribute to the policy evolution of significant issues such as telehealth, patient access to care, quality and safety, and workforce maldistribution across country Victoria.

Access to care for bushfire-affected communities

RWAV engaged in productive discussions with Bushfire Recovery Victoria, focusing on future support required to allow fire-affected communities to rebuild and recover. RWAV recognises that rural bushfire affected communities in Victoria have been particularly impacted by the COVID-19 pandemic, due to significant travel restrictions occurring a mere few months after the devastating 2019-20 summer bushfires. The Victorian Department of Health and Human Services engaged RWAV in January 2020 to act as the health workforce coordination agency to recruit, engage and supply locums to provide bushfire relief for health professionals in affected areas.

COVID-19

RWAV is a member of the Rural Workforce Agency Network (RWAN), which provides ongoing advice to the Department of Health on current and emerging COVID-19 issues that impact the workforce – especially in relation to rural workforce distribution. As part of the RWAN response to the National Rural Health Commissioner, RWAV has provided key issues raised by stakeholders, which have included significant impacts on recruitment activities, patients, service providers, ACCOs and emerging telehealth issues.

Photo from left to right: Lauren Cordwell, RWAV General Manager Strategy and Stakeholder Engagement, **Jenny Mikakos**, former Victorian Minister of Health, and **Trevor Carr**, RWAV CEO.

Telehealth

RWAV has been active in providing policy advice to the Department of Health, with recommendations to develop telehealth models that are suitable for rural communities. RWAV believes that telehealth has a place for providing primary health care in Australia. We strongly recommend that the development of future telehealth models primarily focuses on delivering high quality, safe and readily accessible health care. We propose a 'hybrid' telehealth model, that is, a model where telehealth serves as a complement to face-to-face consultation.

Victorian Rural Generalist Program

RWAV has participated in the development of the Victorian Rural Generalist Program, and is committed to ensuring the program is established as outlined in the Program Management Framework across all Regional Networks. The Rural Generalist Program for Victoria, if fully implemented, will provide a well-resourced, dedicated training pathway for the next generation of rural doctors.

Working with Aboriginal and Torres Strait Islander communities

Throughout 2020, RWAV has engaged in regular meetings with VACCHO, the peak body for the health and wellbeing of Aboriginal and Torres Strait Islander people living in Victoria. This has enabled RWAV to learn about emerging issues impacting Aboriginal and Torres Strait Islander communities, ACCOs and the rural health workforce during the COVID-19 pandemic.

Some key achievements from this partnership include:

- VACCHO and the RWAV Outreach team have worked closely with ACCOs to support regional eye and ear health pathways and telehealth service delivery, with the aim to improve current outreach services for Aboriginal and Torres Strait Islander communities in rural and regional areas.

- On-going membership in the VACCHO facilitated Victorian Advisory Council for Koori Health GP Workforce Working Group. The group has reconvened in 2019 and 2020 to discuss ways to support the growth and retention of the GP workforce in the ACCO sector.
- The continuation of cultural safety training workshops for health professionals and students to ensure that health services accessed by Aboriginal and Torres Strait Islander clients are culturally safe and sensitive to their needs.

RWAV is proud of the strong partnership with VACCHO and looks forward to continuing meaningful collaboration in 2021.



Photo from left to right: Lauren Cordwell, RWAV General Manager Strategy and Stakeholder Engagement, **Georgie Crozer MP**, Deputy Leader of the Opposition (Legislative Council), Shadow Minister for Health & Ambulance Services, State Member for Southern Metropolitan Region, and **Trevor Carr**, RWAV CEO.

VICTORIAN RURAL HEALTH AWARDS

On 15 October 2020, RWAV with the support of the Department of Health and Human Services hosted the 2020 Victorian Rural Health Awards. Like many events this year, the Awards for the first in its history was delivered online, giving us the unique opportunity to connect with health professionals and members of the rural health sector from all pockets of Victoria.

The Awards recognise the significant role of health professionals contributing to the well-being of our Victorian rural communities, and also acknowledge the lifetime of dedication from health professionals who have contributed 35+ years of service to rural communities. Among the nominees, the awards celebrated 33 rural GPs, medical specialists, nurses, midwives, and allied health professionals working across rural and regional Victoria.

In celebration of our award winners and nominees, we had the honour of having Parliamentary Secretary for Health and for Carers and Volunteers, Anthony Carbines MP deliver the opening speech, and National Rural Health Commissioner, Adjunct Professor Ruth Stewart give the keynote address.

Professor Stewart acknowledged the resilience and composure to which our rural health professionals have responded in the face of the extraordinary challenges presented this year, and given these circumstances, it seems more pertinent than ever to celebrate the outstanding achievements of their work.

RWAV Chair Dr Yousuf Ahmad, also shared these sentiments and reflected on RWAV's role in the on-going need to support rural communities and health professionals deal with the lasting impacts of these challenges to help communities recover, build resilience, and ensure health workforce capacity is increased.



Photos from left to right: Top – Dr Edmund Poliness, CLOSING THE GAP AWARD, Wathaurong Aboriginal Co-operative, Vicki Broad, WINNER OF OUTSTANDING CONTRIBUTION BY A RURAL NURSE/MIDWIFE, Midwife, Robinvale District Health Services, Megan Green, WINNER OF OUTSTANDING CONTRIBUTION BY A RURAL ALLIED HEALTH PROFESSIONAL, Dietitian, Colac Area Health, Dr Peter Keppel, WINNER OF OUTSTANDING CONTRIBUTION BY A RURAL GP VMO AND LENGTH OF SERVICE AWARD, Yarrowonga Health, Bottom – Dr Peter Mortensen, WINNER OF OUTSTANDING CONTRIBUTION BY A RURAL SPECIALIST, Specialist Urologist and Surgeon, Shepparton, Dr Jeffrey Robinson, WINNER OF OUTSTANDING CONTRIBUTION BY A RURAL GP, Mount Beauty Medical Centre, Harley Hayes, RISING STAR AWARD, Occupational Therapist, Everyday Independence Bendigo, Dr Lesley Cadzow, PEOPLE'S CHOICE AWARD, GP Locum.

FINANCIAL STATEMENTS

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	2020 \$	2019 \$
Revenue from continuing operations	11,722,997	17,025,877
Projects and grants expense	(6,910,919)	(12,898,752)
Employee benefits expense	(3,451,749)	(3,406,619)
Depreciation and amortisation expense	(330,310)	(395,778)
Prior year funding to be returned	-	(735,641)
Other expenses	(935,111)	(1,311,433)
Finance expenses	(48,744)	(67,678)
Surplus/(Deficit) for the year	46,164	(1,790,024)
Other comprehensive income		
Items that will not be reclassified subsequently to profit or loss		
Changes in the fair value of equity instruments at fair value through other comprehensive income (85,421) 28,907		
Other comprehensive income (loss) for the year	(85,421)	28,907
Total comprehensive (loss) for the year	(39,257)	(1,761,117)

FINANCIAL STATEMENTS

Statement of Financial Position

As At 30 June 2020

	2020 \$	2019 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	4,899,333	6,296,122
Trade and other receivables	2,270,767	126,819
TOTAL CURRENT ASSETS	7,170,100	6,422,941
NON-CURRENT ASSETS		
Trade and other receivables	191,503	169,421
Financial assets at fair value	2,638,464	2,182,092
Property, plant and equipment	482,928	823,714
TOTAL NON-CURRENT ASSETS	3,312,895	3,175,227
TOTAL ASSETS	10,482,995	9,598,168
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	1,518,384	2,598,004
Contract liabilities	2,917,852	1,392,860
Provisions	1,025,826	522,376
Employee benefits	158,389	91,050
Lease liabilities	291,712	316,736
Deferred income	252,000	–
TOTAL CURRENT LIABILITIES	6,164,163	4,921,026
NON-CURRENT LIABILITIES		
Employee benefits	76,303	72,534
Lease liabilities	278,623	601,445
TOTAL NON-CURRENT LIABILITIES	354,926	673,979
TOTAL LIABILITIES	6,519,089	5,595,005
NET ASSETS	3,963,906	4,003,163
EQUITY		
Retained earnings	4,020,420	3,974,256
Other reserves	(56,514)	28,907
TOTAL EQUITY	3,963,906	4,003,163

RWAV BOARD

Dr Yousuf H. Ahmad, Chair

Anthony Graham, Director

Danielle Walker, Director

Associate Professor Morton Rawlin, Director

Jane Poletti, Director

Riwka Hagen, Director





Dr Suzanne George, Director

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