2015—16 Annual Report Rural Workforce Agency Victoria





IMPROVING HEALTH FOR ALL IN RURAL, **REGIONAL &** ABORIGINAL **COMMUNITIES.**



1 Message from the Chair

This was the first year of a new strategic plan, which signalled our intention to continue supporting the existing rural health workforce, together with more focussed support for the next generation of health professionals.

RWAV has continued to work towards ensuring sustainable health workforce solutions for communities in rural and regional Victoria. During 2015-16, 109 health professionals commenced practice in rural and regional Victoria through RWAV. Out of these, five doctors commenced practice at Aboriginal Community Controlled Health Organisations (ACCHOs).

We introduced two new pilot training programs in 2015-16 – ABCs of Practice Sustainability and Practice Ready - to facilitate practice sustainability and improve staff retention rates. Judging from the success of these programs, they filled a gap in the market and will be continuing in 2016-17. We're looking forward to expanding their reach into more rural and regional areas.

Through workforce planning and stakeholder insights, we also identified service gaps in rural and regional areas. After securing Commonwealth Government funding, we added two new outreach programs; a nutrition program and a Coordination of Indigenous Eye Health program.

RWAV was also successful in its submission to administer the Victorian Department of Health and Human Services' rural medical workforce programs. This year, we undertook a range of preparatory activities to ensure that training posts are targeted to community needs, and the program is aligned with other medical workforce initiatives. We have welcomed two new members to the board this year; Associate Professor Alastair Mah and Ms Kaye Knight. Assoc Prof Alastair Mah has an in-depth understanding of the hospital training environment that will assist with the oversight of the new medical workforce programs. Ms Kaye Knight is a physiotherapist in Echuca, helping to expand our strategies to support rural allied health professionals.

Board member Dr Wendy Bissinger's term came to an end this year. During her time, she provided in-depth knowledge and experience working with Aboriginal communities. Wendy was a valued member of the board and we thank her for her contributions.

I would also like to extend a thank you to all of my fellow board members for their continued commitment and enthusiasm. As we roll out new programs and new activities with an innovative approach to health access and sustainability, we're very much looking forward to seeing what 2016-17 holds for RWAV.

Dr Sue Harrison Chair

2 Our Board



Dr Sue Harrison (Chair)



Dr Yousuf Ahmad



Mr Anthony Graham

- - Mr Bruce McDonald



Dr Julie Thompson



Ms Fiona Mercer



Dr Philip Webster



Assoc Prof Alastair Mah



Ms Kaye Knight

Vision

Improve health for all in rural, regional and Aboriginal communities.

Mission

Develop and deliver solutions to enhance rural, regional and Aboriginal communities' access to health workforce.

Values

Respect, Trust, Accountable, Collaborate, Innovate.















5 Facilitation of Integrated Rural Health Career Pathways

We support students and facilitate training and placements to promote career pathways in rural and regional health services.

5.1 Introduction of the Future Workforce program

This year, we made great strides in the new Future Workforce program. The program started in August 2015, focusing on engagement with secondary school students, university students and younger health professionals to guide their future careers in rural health. The Future Workforce program also connects with rural health clubs to provide support for events on and off campus.

5.2 Activities to promote rural careers

As part of the Future Workforce program, we engaged with the Country Education Partnership Ambassador Program. Through this, we uncovered what secondary school students find engaging about rural and regional health careers, and how they would like information presented to them. This is now guiding how we talk to students.

Future Workforce also put together a virtual career booth for the WoWoW (World of Work on Wheels) bus, a project by the Career Education Association of Victoria. "RWAV HAS BEEN A MEDIUM FOR ME TO LEARN ABOUT THE FUTURE WORKFORCE INITIATIVES, RWAV SERVICES AND GRANT OPPORTUNITIES OFFERED TO GRADUATING HEALTH PROFESSIONALS. I HAVE RECEIVED CONSTANT SUPPORT AND ENCOURAGEMENT FROM RWAV TO BE THAT EXTRA LINK BETWEEN HEALTH STUDENTS AND RWAV."

Emily Glover, Rural Ambassador

Taking a virtual careers expo out to schools, we visited 5,000 students in rural and remote Victoria over six bus tours.

The Rural Ambassador program has continued to raise awareness of the exciting opportunities available in rural healthcare this year. Ten medical and allied health students participated in four activities each quarter, promoting opportunities through high school and university visits, career expos, conferences and much more. Our rural ambassadors engaged with students and communities across Victoria, highlighting the benefits of working rurally and what support is available.

A primary focus has been expanding our nursing and allied health recruitment by engaging with students. Over the past year, RWAV attended various health conferences such as the General Practice Conference and Exhibition, Dental Relocation Infrastructure Support Scheme information evenings, and the Australian Primary Health Care Nurses Association Conference. At these events, we interacted with students and health professionals, and provided information about the Rural Health Professionals Program.





6 Informed Workforce Planning

We use community profiles and strategic engagement to inform workforce planning and contribute to evidence-based workforce solutions.

6.1 Consulting for better recruitment

On an ongoing basis, RWAV has analysed the needs of individual towns and collated data and local information. Through these consultations, we developed targeted marketing campaigns to attract the right people with the right skills and promote rural and regional primary healthcare careers. This information helped us to develop specific advertising for individual vacancies, and consultation will continue to be a key step in our recruitment processes.



Planning outreach programs

RWAV conducted an outreach survey in 2015-16 to guide activities for 2016-17 and to ensure all programs achieve the best outcomes. We had a high level of engagement with this survey and, based on the great response rate, will be sending these surveys out annually.



.3 Gaining a workforce snapshot

Each year we undertake an Annual GP Workforce Skills and Medical Practice Survey. The information assists RWAV to identify the critical recruitment, retention, professional development and support needs of rural

"HAVING THE SUPPORT OF RWAV MEANT I COULD RELOCATE INTERSTATE AND **COMMENCE WORK WITHIN A SHORT PERIOD** OF TIME WITHOUT THE FINANCIAL STRESS. I WAS ABLE TO ORGANISE A SPACE OF MY OWN TO LIVE IN WHICH MADE SETTLING INTO A NEW WORKPLACE A BREEZE."

Megan Raine, Physiotherapist, Central Gippsland Health Service

health professionals, as well as contributing to a national Minimum Data Set on the regional and rural general practice workforce in Australia.

The 2015 snapshot reinforced the diversity of rural and regional healthcare professionals, and the environments in which they work. We were glad to see that 57% of Victoria's rural and regional GPs plan to remain in their profession for more than 10 years.

A key finding was that the proportion of female healthcare professionals beginning work in Victoria is increasing. We have a young and growing cohort of females working in healthcare in rural Victoria. This has major implications for the workforce, and is a change we will work to support through our workforce solutions.

6.4 Aligning workforce to services

RWAV has continued to work with the Primary Health Networks (PHNs) this year, using information from their needs assessments throughout rural Victoria. With an open avenue of communication between RWAV and Victoria's six PHNs, we are able to better align our rural and regional health workforce with health service delivery models.

7 Recruitment and Retention

We attract high quality candidates, support rural and regional placements and provide activities that keep more healthcare workers in more rural and regional locations for longer periods of time.

7.1 Recruitment

Recruitment has expanded in scope and reach, and the past year has seen us work closely with stakeholders to identify workforce needs and match high quality candidates to the locations where their skill sets are needed most.

This year, RWAV has facilitated placements in numerous communities including Portland, Swan Hill, Orbost, Lakes Entrance, Dimboola, Hopetoun and Mildura. We have also assisted Aboriginal and Torres Strait Islander communities by facilitating five placements in ACCHOs. In total, 123 health professionals were placed and began practicing throughout rural and regional Victoria in 2015-16.

7.1.1 Growing the Rural Health Professionals Program

A primary focus of 2015-2016 has been to expand our nursing and allied health recruitment, and to promote the Rural Health Professionals Program (RHPP). This program was introduced last financial year to assist in attracting nurses and allied health professionals to rural and regional areas. The program gives eligible candidates access to financial assistance for relocating from metropolitan to rural or regional locations. RWAV successfully placed 14 nursing and allied health professionals through the RHPP this financial year.

7.1.2 Implementing the two year Rural Locum Relief Program

The two year Rural Locum Relief Program (RLRP) was introduced on 1 January 2016. This Program allows eligible doctors that have undertaken the requisite hospital rotations the opportunity to undertake supervised general practice work for up to two years. This now boosts their chance of selection into vocational training programs.

7.1.3 Recruiting internationally

RWAV expanded its reach across international borders by using overseas employment platforms to recruit health professionals. Through these platforms, we publicised individual job adverts and designed an overarching RWAV web page to assist in recruiting overseas workers to healthcare positions in rural and regional Victoria.



Effective recruitment doesn't end when a candidate is placed in a position. Smart matching processes, good orientation, ongoing support and continual training ensures that candidates remain in their position for longer. To increase retention, RWAV staff visit practices to give support to practice managers, nurses and allied health professionals, as well as case manage all RLRP doctors that are on the program. We are continually refining how we match and induct candidates to positions.

7.2.1 Improved GP recruitment criteria

RWAV reviewed and revised the GP recruitment criteria this year, in particular focusing on the amount of experience applicants require. Our goal is to place high quality candidates by matching skill sets more closely to the practice and community. This, in turn, facilitates higher retention of candidates.

7.2.2 Development of online portal and HR templates

RWAV has been working to connect more effectively with practices through different avenues. Over the past year, we've developed an online portal that provides members with a library of resources to enhance knowledge and training. Alongside this, we've built practical HR templates, including contracts and position descriptions, for all practices to use.

7.2.3 Reaching retention goals

We've continued to strive for a minimum placement period of 18 months for all GPs, nurses and allied health professionals who we place. Retention comes from appropriately matching candidates to clinics and communities and supporting them throughout their journey via orientation and regular contact. Our support extends to each candidate's family to ensure a smooth transition into their new community, and to professional development for doctors on their way to fellowship.

7.2.4 GP Locum program

Our highly-regarded GP Locum Program has continued to support the retention of doctors by providing locum relief for holiday, sickness or educational leave. A locum vacancy may range from one to six weeks or longer. In this, we work with solo and group practices, ACCHOs and community health services throughout rural and regional Victoria. This program has had another successful year with 4,129 sessions of locum relief provided.

7.2.5 Victorian Rural Health Awards

Each year, RWAV encourages nominations for the Victorian Rural Health Awards, recognising outstanding contributions made by health professionals in rural and regional Victoria. These awards honour the exceptional medical specialists, GPs, nurses, allied health professionals, Aboriginal health professionals, general practices, practice managers, GP locums and medical students working across rural and regional Victoria. This year, twenty five rural health professionals received awards including four awarded for outstanding contributions to healthcare, three were awarded for their contribution to the wellbeing of Aboriginal Australians, and six were awarded for long term service in rural and regional Victoria.

7 Recruitment and Retention



Ear and eye health has been identified by the Commonwealth as a growing area of importance for Aboriginal and Torres Strait Islander communities. Over the last year, RWAV has been able to expand the number of eye and ear services across the state.

Aboriginal and Torres Strait Islander children and young people have a high incidence of ear disease which impacts on health, social interactions, communication, language and education including, literacy and numeracy development. The Healthy Ears – Better Hearing, Better Listening program aims to reduce these ear inequalities by increasing access to a range of ear health services for Aboriginal and Torres Strait Islander children and youth aged 0-21 years. Since its establishment in 2014, the program has grown significantly. In the last year the program increased service delivery to Gippsland offering ENT consultations at two ACCHOs; Gippsland and East Gippsland Aboriginal Co-Operative and Ramahyuck. Smaller ACCHOs in the region are also able access the services.

"WE HAD ONE CHILD WHO WAS IN AND OUT OF Home care. That child was seen really Quickly. Within a few weeks the child had gone to see the ent and then within a month the child had ear surgery. The child was non-verbal at the time. After the surgery, the case manager said they had seen huge improvements."

Shae Wissell, Team Leader of Outreach

The Eye and Ear Surgical Support Services (EESSS) program aims to reduce the extended length of time Aboriginal and Torres Strait Islander people are waiting to access surgical interventions for a diagnosed eye and ear condition, by removing barriers, such as, the cost of travel, accommodation, meals and out of pocket costs associated with the surgery.

The EESSS program has exceeded expectations this year.

In 2015, RWAV was contracted by the Department of Health as the commissioning agency for the Visiting Optometrists Scheme (VOS), delivering outreach eye care services. This year, VOS has played a significant role in providing services to disadvantaged regions in Victoria, providing early detection of eye disease and ensuring appropriate referral for treatment and ongoing management.

3 Outreach

Outreach programs deliver services to ensure people living in rural and regional areas have access to the best healthcare available, regardless of their location. We recruit and support visiting health professionals to deliver services to these communities.

7.3.1 Maintaining current outreach programs

We have maintained a number of outreach programs this year, as detailed below. The Rural Health Outreach Fund supports specialist doctors and allied health professionals to travel to areas of need to address health issues, with a focus on maternity and paediatric health, eye health, mental health and support for chronic disease management.

The Medical Outreach Indigenous Chronic Disease 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 chronic diseases, and works towards 'Closing the Gap' in health inequalities between Aboriginal and Torres Strait Islander people and other Australians.



8 Build Practice Capacity and Capability

We provide professional and business support to practices, promoting knowledge sharing, networking, and training opportunities across Victoria.

8.1 Practice training

RWAV has been working to better address the needs of practice staff to create positive work environments. Retention and workforce support officers visit practices routinely to help build capacity and encourage innovation. They speak to practice managers and connect with nurses, allied health professionals and other staff to provide assistance where it's needed.

8.1.1 ABCs of Practice Sustainability

In 2015-16, RWAV conducted pilot business training workshops, ABCs of Practice Sustainability, to assist practices in rural and regional areas to become more sustainable in the face of ongoing changes in the health sector. This two day program was aimed at practice managers and principals, operational managers and allied health professions to address the gap in the market by making the training accessible to staff in regional and rural areas. Making these sessions accessible, relevant and innovative was the key to enhancing practice knowledge, and we found them to be highly successful and engaging.

"I WOULD JUST LIKE TO SAY THANK YOU FOR A WELL CO-ORDINATED, INTERESTING AND Rewarding two days in Warrnambool. I Thought that all your team were Knowledgeable and extremely Professional and that you kept the Focus, flow and timings going well."

Mark Leddy, Practice Manager, Camperdown Clinic after attending ABCs of Practice Sustainability Workshop in Warrnambool.

8.1.2 Practice Ready

Our Practice Ready orientation workshops, also part of a new pilot program in 2015-16, provided an orientation session to health professionals new to Primary Health Care. These workshops were about orienting health professionals who were from overseas or from an acute setting to the Primary Health Care system in Australia so they could be 'Practice Ready' when they entered the workforce.

8.1.3 Medicare Benefit Scheme program

RWAV continued to deliver the highly popular Medicare Benefits Schedule (MBS) program this year. The workshop enabled health professionals to improve their knowledge of the MBS, while reinforcing compliance with MBS rules and regulations.

8 Build Practice Capacity and Capability

"ANOTHER RESOUNDING SUCCESS! I CAN'T TELL YOU HOW MUCH OF A DIFFERENCE THIS IS MAKING TO THE LOCAL COMMUNITY. THE PAEDIATRIC PROFESSOR FEELS LIKE PART OF OUR FAMILY NOW! HE LOVES COMING TO MILDURA- IT REALLY HAS BEEN A GREAT SUCCESS FOR OUR COMMUNITY."

Nina Woulfe, Director, In Leaps & Bounds



In 2015-16, RWAV administered 361 grants to doctors through the Victorian Department of Health and Human Services' Continuing Medical Education (CME) program and the Continuing Professional Development (CPD) program. Funding supports the ongoing professional development and medical education of medical practitioners in rural and regional Victoria. The program also aims to encourage trainee doctors to complete rural and regional placements by providing access to professional development subsidies.

Alongside this, we continued to support the Additional Assistance Scheme (AAS), providing exam preparation support for eligible GPs in their efforts towards achieving fellowship. The scheme provided financial assistance of up to \$7700 to each doctor, to alleviate the cost of exam preparation.

RWAV also ran a two-day GP Anaesthetics course in collaboration with St Vincent's Hospital, involving skills stations and high fidelity simulation.





9 Innovative Connections

We have enhanced our internal systems and knowledge sharing so that we continue to be respected in the rural workforce environment.

9.1 Enhancing company knowledge and communications

RWAV has welcomed two new board members to enhance the mix of skills on our board. These appointments expand our insight into rural and regional allied health and nursing, and into training programs in regional hospitals.

In light of the changes that occurred in 2014-15, we reviewed and updated our company values to reflect the values of those who currently work at RWAV.

The past year has also seen us focus on improving access points for anyone who contacts RWAV. This has involved internal training sessions that give each RWAV staff member the essential tools to help anyone whom we interact with.



9.2 Reviewing our systems

This year, an external consultant undertook an Information and Data Needs Assessment to determine the capability of our current information systems. This is a key step in ensuring that we are collecting

"RWAV HAS MADE THE COMPLETION OF MY DIPLOMA IN OBSTETRICS POSSIBLE. RWAV IS A TREMENDOUS ASSET FOR RURAL GPS TO BE ABLE ACCESS HELP AND FUNDING."

Dr Leah Dunne, GP Obstetrician, Rural Medical Workforce Program

and reviewing all the appropriate data in the best way possible. Future updates to the system will assist us in collecting relevant information and data for contractual reporting, and for making informed business decisions.



Creating sector synergies

The healthcare sector is large and complex. At RWAV, we want to ensure we're not duplicating the work of others, or leaving gaps unaddressed.

This year, we've continued to work with other organisations within the sector, including the Primary Health Networks, regional training organisations and rural clinical schools, to deliver enhanced programs and collectively build on the activity and knowledge of one another.

We're also currently undertaking research with Monash University. This project is focused on understanding the views of a range of rural nursing and allied health practitioners on their scope of clinical practice. As part of this, we're gathering data on the postgraduate training of participants, and their continued professional development needs



10 Financial Statements

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Other comprehensive income for the year, net of tax

Total comprehensive income for the year

Revenue from continuing operations

Projects and grants expense Employee benefits expense Depreciation and amortisation expense

Other expenses Surplus for the year

kforce Agency, Victoria Limited
ment of comprehensive income
or the year ended 30 June 2016

es	2016 \$	2015 \$
	11,906,234	10,541,414
	(6,579,358) (2,559,880) (84,453) (1,411,243)	(6,276,290) (2,381,847) (87,027) (1,005,636)
_	1,271,300	790,614
	-	

1,271,300 790,614

10 Financial Statements

		Rural Workforce Agency, Victoria Limited Statement of financial position As at 30 June 2016		
	Notes	2016 \$	2015 \$	
ASSETS				
Current assets				
Cash and cash equivalents Trade and other receivables	6 7	5,519,626	4,498,615 131,223	
Total current assets	1	<u>196,779</u> 5,716,405	4,629,838	
Non-current assets	8	424 402	101 400	
Receivables Property, plant and equipment	8	131,482 233,746	131,482 285,517	
Total non-current assets	5	365,228	416,999	
	_			
Total assets	-	6,081,633	5,046,837	
LIABILITIES				
Current liabilities				
Trade and other payables	10	852,979	997,004	
Deferred revenue		307,500	286,519	
Provisions	11	124,865	224,237	
Total current liabilities	_	1,285,344	1,507,760	
Non-current liabilities				
Provisions	12	27,577	41,665	
Total non-current liabilities	_	27,577	41,665	
Total liabilities		1,312,921	1,549,425	
Net assets	-	4,768,712	3,497,412	
EQUITY				
Retained earnings	13	4,768,712	3,497,412	

10 Financial Statements

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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 2016, 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 the Australian Charities and Not-for-profits Commission Act (ACNC) 2012 and for such internal control as the directors determine is necessary to enable the preparation of the 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.

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

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10 Financial Statements



DEVELOP AND DELIVER SOLUTIONS TO ENHANCE RURAL, REGIONAL AND ABORIGINAL **COMMUNITIES' ACCESS TO HEALTH WORKFORCE**.

RESPECT, TRUST, ACCOUNTABLE, COLLABORATE, INNOVATE.

Workforce planningRetentionOutcomesSustainabilityCommunity consultationsBuilding practice capacityHealthy communitiesInforming workforceCareerpathwaysCommunity needs

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