

**SMARTER  
CAPABLE  
CONNECTED  
TOGETHER**

**ANNUAL  
REPORT  
2017/18**

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**Sunrise over Mt Major,  
near Shepparton**

Photo taken by  
Sebastian Kirby, a  
rural medical student.  
Captured from a hillside  
vantage point, the rising  
sun casts light onto  
nearby canola fields.



**Rural Workforce Agency Victoria (RWAV) creates sustainable health workforce models that support Victoria's rural, regional and Aboriginal communities.**

**We draw on **trusted relationships**, **smart data** and **best practice** to establish models that are capable, connected and tailored to the communities they serve.**





**THE  
VICTORIAN  
LANDSCAPE  
IS CHANGING**



**AND WE'RE  
CHANGING  
TOO**

## Have you noticed anything different?



The new imagery you see in our branding is a reflection of Victoria's geographical diversity. It's also how we recognise our footprint and impact across Victoria. The contour lines have been used to symbolise our operating environments.

RWAV's roots are inherently rural, and our brand reflects this. For the last 20 years, RWAV has worked closely with rural communities to solve primary healthcare workforce problems. In that time, we've recruited and placed hundreds of highly trained health professionals, enabling access to primary healthcare for small communities across the state. It's a track record that we are proud of.

We recognise the Victorian health workforce landscape is changing and we're changing with it. To meet the immediate and long-term needs of communities, we are looking to enhance our collaboration with health professionals and organisations to develop innovative and sustainable workforce models that are tailored to that community, region or district.

# MESSAGE FROM THE CHAIR

We remain accountable in ensuring ‘short-term’ fixes become ‘long-term’ solutions.

Since 1998, RWAV’s core funding has been derived from the Rural & Remote General Practice Program (RRGPP). As from the 1 July 2017, the RRGPP was superseded by the Rural Health Workforce Support Activity Program, which has widened RWAV’s functions to support all health professionals working in rural Victorian communities. The expected outcomes will meet current and future health workforce needs through workforce planning, the identification of needs, and delivery of programs and services that focus on three key priority areas of **Access, Quality** and **Sustainability**.

The pages of this report highlight some of the many successes RWAV and its partners have achieved to address these challenges by providing quality health workforce solutions, facilitating sustainable health workforce solutions for the future and engaging in innovative collaborations. There are many good news

stories we want to share with you.

When it comes to creating smarter, capable, connected primary health workforce models that will meet the immediate and long-term needs of communities, **collaboration** is at the heart of how we work as an organisation. We’ve engaged with health professionals such as Yvette Morton, the physiotherapist who went from working in an urban environment to working in Hamilton and then helping us to recruit other allied health professionals – to speaking with a GP who works as a locum throughout Victoria to find out why locum work is so appealing for him. Plus, we share the story of a newly recruited GP in Yarram about working in a priority location.

The other good news stories we’re sharing are central to RWAV’s four supporting values of **respect, trust, accountable** and **innovation**. They reflect how we approach collaboration with each other and with our partners. Within these pages we have explained how RWAV organises and funds

a visiting infectious disease physician at the Rumbalara Health Service in Mooroopna who provides monthly clinical services to clients with viral hepatitis, as well as providing grants and scholarships to health professionals to allow them to upskill in Melbourne and take the knowledge back to their rural towns and put it to use, enhancing healthcare in their communities.

It’s been a busy year at RWAV. Thank you to RWAV’s CEO Megan Cahill, and her team, for their dedication and commitment to ensuring rural, regional and Aboriginal communities have access to high quality primary healthcare services.

Finally, I wish to acknowledge the contributions of the Board Directors. Thank you for your support and guidance.



**DR YOUSUF AHMAD**  
**RWAV CHAIR**



1998

RWAV commences operations funded by the Australian Government Department of Health under the Rural & Remote General Practice Program (RRGPP). Officially launched by Minister Wooldridge in Daylesford on 21 July 1998.

2002

RWAV contracted by Australian Government Department of Health to administer the Medical Specialist Outreach Assistance Program (MSOAP) for Victoria.

2003

RWAV is contracted by the Australian Government Department of Health to deliver internal recruitment strategies for Overseas Trained Doctors under the MedicarePlus initiative.

2007

RWAV moves from Swanston Street Carlton to Queens Road, St Kilda.

2008

RWAV establishes Health Workforce Assessment Victoria, which is accredited by the Australian Medical Council to undertake Pre-Employment Structured Clinical Interviews (PESCI).

2011

RWAV is contracted by Health Workforce Australia to recruit allied health and nursing professionals under the Rural Health Professional Program (RHPP).

CEO  
Dr Jane Greacen



CEO  
Claire Austin





## 2013

Consolidation of outreach programs to flexible funds, RWAV administers RHOF, MOICDP, Healthy Ears for Victoria.

## 2014

RWAV moves from Queens Road to World Trade Centre in Docklands, Melbourne.

## 2016

RWAV contracted by Victorian Department of Health & Human Services to administer the Victorian GP Rural Generalist program and advanced and extended training posts.

## 2017

RRGPP ceases and is replaced by the Rural Health Workforce Support Activity Program, which RWAV is contracted to administer for rural Victoria.

## 2018

Twenty years of achievements in supporting rural, regional and Aboriginal and Torres Strait Islander communities is celebrated.

**CEO**  
Rod Jackson



# 20 YEARS OF TRUST & RESPECT

**RECRUITMENT**

**88**

GP placements

**19**

Allied health and nursing placements

Monash Model	Number of health professionals recruited
MM2	27
MM3	14
MM4	26
MM5	39
MM6	1



**WORKFORCE SUPPORT**

**501**

Primary healthcare practices

**1,872**

GPs and Registrars supported

**278**

Doctors being case managed

**27**

Aboriginal Community Controlled Health Organisations



**LOCUM**

**224**

Placements provided

**5,645**

Sessions of locum relief



# OUR HIGHLIGHTS

**EDUCATION AND TRAINING**

**1,027**

Grants processed

**17**

Training sessions held

**10**

GP – Rural Generalist posts funded

**18**

REAPS – Advanced posts funded

**18**

REAPS – Extended posts funded

**17**

Consolidation of skills posts funded

**ASSESSMENTS**

**231**

PESCI assessments



**OUTREACH SERVICES**

**427**

Services supported

**3,577**

Number of visits

**50,879**

Number of patients consulted



**SNAPSHOT 2018**

Each year, RWAV conducts the GP Workforce and Skills Update and the Medical Practice Update. A selection of the information we collect through surveys and our database is illustrated in the *Snapshot 2018*.



A photograph of a wooden trestle bridge structure, likely a railway or road bridge, set against a dense forest background. The bridge is made of dark wood and features a complex truss system of beams and supports. The forest is lush with green foliage, including many ferns in the foreground. The lighting is natural, suggesting a sunny day with some shadows.

# IMPROVING ACCESS TO THE HEALTH WORKFORCE

# RWAV seeks to meet current and future community health workforce needs through comprehensive and evidence-based workforce planning.

RWAV's workforce planning guides the development and delivery of our programs and services to improve access and continuity of access to essential primary healthcare for communities in rural and regional Victoria most in need.

We have improved access to essential primary healthcare through:

- + building partnerships and alliances to develop and deliver health workforce solutions
- + provision of recruitment support to health professionals seeking to work in rural and regional Victoria and to practices seeking to employ health professionals

- + ensuring access to GP locums for GPs and practices
- + delivery of outreach services to communities that meet identified needs.

Recruitment is more than placing a health professional in a position. It includes activities that aim to retain health professionals in rural and regional locations for longer periods of time.

RWAV appropriately matches candidates to clinics and communities and supports them throughout their journey through orientation and regular contact. Retention support extends to the health professional's family to ensure a smooth transition into their

new community, various professional development opportunities and locum relief.

RWAV's locum program supports retention of doctors by providing locum relief for holiday, education and sick leave, and also to cover workforce shortages while other workforce solutions are being implemented.

Five outreach programs are administered by RWAV that enable rural, regional and Aboriginal and Torres Strait Islander communities to access health professionals in areas where they cannot attract, or it is not viable to sustain a local service provider.

## A NEED EXISTS FOR MORE ALLIED HEALTH PROFESSIONALS IN RURAL AREAS



Yvette Morton is a physiotherapist who works at Western District Health Service (WDHS) at the Hamilton Base Hospital. In her role, Yvette has found a number of opportunities to diversify her skills in allied health, and work as a team member to provide a holistic model of healthcare.

Principally, she works in the community and ambulatory care setting. Her role sees her caring for people via the out-patient clinic, by visiting aged care facilities, as well as supporting other physiotherapy roles within her department in the acute ward, sub-acute rehabilitation and others.

“WDHS was large enough that I would be working with other practitioners and not on my own, which can happen in very small towns or in private practice.”

She has been working in this role for the past 13 years.

RWAV’s focus is to improve access to primary healthcare services by developing health workforce solutions that meet the needs of rural communities.

The spectrum of Yvette’s role is not uncommon in rural communities. As primary healthcare providers are being tasked with addressing the increasing prevalence of chronic disease and mental health issues in rural and regional Victoria, the solution is to adopt sustainable healthcare models that hinge on a team-based, care coordinated approach and involve a greater array of medical and health professionals. Suffice it to say, Yvette’s role in allied health is an essential part of this team-based approach.

RWAV also wanted to learn more about Yvette’s work as a physiotherapist and to share some of the many advantages of working in rural and regional Victoria.

Yvette was inspired to work rurally for better job satisfaction and improved lifestyle. When she worked in the city, Yvette felt as if something was missing. While she enjoyed what she did, the model meant that at the end of the day, her patients would go on their way and she would likely not see them again.

She admits “That’s the way it should be; you have helped them and they no longer need your service.” Yet, it seemed a little impersonal when she thought about it.

In a rural setting, Yvette was able to see the patient again because both were members of the same community.

“You see how your work has made a true difference in that person’s life.”

Another advantage of working rurally is the non-existent commute. “All that extra time, not sitting in traffic or on the bus, and you are surrounded by the most wonderful environment and views,” says Yvette.

Yvette agrees that there is a need for more allied health professionals in rural areas. It’s an opinion based on the opportunities that have existed for her as a healthcare professional working in a rural community, and as a result of the advantages the role has offered in terms of work-life balance. Additionally, the patients benefit. When the healthcare model includes the support of allied health professionals, the goals of patients can be more easily attained. It’s a model that should not be overlooked in discussions about health workforce shortages.

## LOCUM DOCTOR PART OF THE COMMUNITY IN CASTERTON

Dr Tim Dewhurst graduated from the University of Melbourne in 1978 and entered the Rotating Residency Program for three years, enabling him to work in a rural environment. Throughout his career, he has worked in Kerang in Northern Victoria, Queensland, Aboriginal health in Tennant Creek and Casterton in Western Victoria. He has also completed five years of specialist training in psychiatry, 17 years of general practice in Cairns and returned to general practice in Melbourne. Dr Dewhurst is now semi-retired and currently working as a rural locum with RWAV.



On returning to Casterton as a locum after more than 26 years, Dr Dewhurst was amazed by the warmth of the community. He found every second patient was someone he had known well and they were all keen to fill in the gaps of the missing years.

The “most rewarding aspect of rural healthcare is the ability to discover the connections and background of the people,” he said. “This builds a greater understanding of patients’ lives, the things that are important to them, and possible causes and solutions to the problems they present with.”

The most challenging aspect of working in a rural setting is the need to develop personal boundaries and yet still be able to give enough of yourself to offer support and empathy. Dr Dewhurst stresses the importance of good supervisions and peer mentoring.

Dr Dewhurst is appreciative of the services provided by RWAV that enable him to work in rural Victoria, and finds the team very helpful in ensuring a seamless transition to working in various clinics and practices.

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**“[THE] MOST REWARDING ASPECT OF RURAL HEALTHCARE IS THE ABILITY TO DISCOVER THE CONNECTIONS AND BACKGROUND OF THE PEOPLE”**

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## PRIORITY VICTORIAN COMMUNITY ATTRACTS GP



Yarram has a total service area of 6,000 residents and is at the heart of some of the most beautiful country in Gippsland. It is also considered a priority community in Victoria because it exceeds typical doctor/patient ratios. Thirty per cent of the population is of a vulnerable age (under five and over 55) and after-hours coverage is required.

It's many of these elements that made the community an attractive prospect to live and work for Dr Shehzad Kunwar. He was recently hired to work as a General Practitioner (GP) at the Yarram Medical Clinic.

As a GP and a Visiting Medical Officer, Dr Kunwar has visiting rights at the local hospital, attends emergencies within the local emergency department and provides care for a high level and a low level nursing home in the area. In his role, he addresses a variety of presentations within the acute care spectrum from a snake or spider bite, to farming trauma incidents, medication reviews on elderly patients and everything in between.

RWAV assisted Dr Kunwar in the process of taking up the position in Yarram.

"[RWAV has] the potential to help health professionals throughout the whole process - from getting the paperwork sorted to providing input on the positions that might be suited to each doctor, effectively tailoring jobs to specific skill sets," says Dr Kunwar.

Prior to coming to Yarram, Dr Kunwar worked in Charing in the County of Kent in the United Kingdom. One of the biggest changes with the move is that Victoria is geographically different. In Charing, there was a tertiary unit 20 minutes away. In Victoria, the nearest is two hours away in Melbourne and the district hospital is one hour away. The other difference is that the doctor to patient ratio is higher in Victoria. This translates into more time with patients.

"I like this part of the job because it provides me with the opportunity to build a rapport with my patients and to build in the psycho-social aspect of their care, which is a more fulsome model of care," says Dr Kunwar. "Working rurally has helped me to get to know the community. It's also allowed the community to get to know me."





## HEALTHY LIVER CLINIC IN MOOROOPNA IMPROVES PATIENT OUTCOMES

Sonny was diagnosed with liver disease and liver failure was inevitable. It was due to hepatitis C and excessive alcohol consumption. In 2016, new treatments became available for all Australians with this disease. This treatment can effectively manage symptoms of hepatitis C and does not have many side effects.

After three months of daily treatment, Sonny now shows no symptoms of hepatitis C. Sonny did the hard work, and with the right support, he was able to stop drinking alcohol. He is healthy and his liver has improved significantly.

Since 2013, Rumbalara Health Service in Mooroopna has had a visiting infectious disease physician funded through RWAV, who provides a monthly clinic for clients with viral hepatitis. Having this service has meant

clients can assess specialists to treat hepatitis C. These clients are managed locally in a culturally safe environment, without having to travel.

Onsite assessment of liver fibrosis using a mobile Fibroscanner® has enabled clients to be informed of the presence of liver damage immediately, and appropriate treatment can be prescribed without delay.

Many clients in rural Australia are reluctant to travel to access medical specialist care. The collaboration between RWAV and Rumbalara enables specialist services to be accessed by local communities.



# IMPROVING WORKFORCE QUALITY

# RWAV's aim is to build local health workforce capability with a view to ensuring communities can access the right health professional at the right time, and ensuring those health practitioners have the right skills and qualifications for their positions.

We have improved the skills and quality of the health workforce in rural Victoria by:

- + supporting advanced skills training for Registrars and vocationally recognised GPs
- + facilitating access to upskilling for rural health professionals
- + working with GPs to become vocationally qualified or upskilled to meet community needs
- + providing grants and scholarships for continued professional development (CPD) opportunities.

RWAV's Rural Medical Workforce Program provides training and skills maintenance pathways to doctors with advanced procedural or speciality skills who will (or currently) work as GPs to meet the needs of communities in rural and regional Victoria. The program is composed of:

- + GP – Rural Generalist
- + Rural Extended and Advanced Procedural Skills (REAPS)
- + GP Procedural Training Consolidation of Skills (COS).

Fellowship examination support was provided to non-vocationally registered GPs working in rural Victoria via the development of individual learning plans, facilitation of workshops, and provision of grants to access resources or attend exam preparation workshops.

A range of grants and scholarships were administered by RWAV that were available for rural health professionals to access for continuing professional development.



## ALLIED HEALTH SCHOLARSHIP OFFERS CONTINUED LEARNING OPPORTUNITIES

Ian Johansen is the manager of headspace Swan Hill. Ian began his journey in allied health as a youth worker in rural Queensland schools in the late 1990s. During this time, Ian found his calling as a social worker, which he studied at the University of Queensland. After graduating, Ian worked for the Queensland State Department for Disability Services, the New South Wales State Department of Health in supporting foster carers, and for the Victorian Department of Health in the Hospital Admission Risk Program – all before beginning his work with youth mental health.

Recently, Ian became a recipient of RWAV's Continued Professional Development for Allied Health Practitioners Scholarship, which enabled him to enrol in a Master of Youth Mental Health at the University of Melbourne. "This course was particularly appealing because of the link between Orygen – The National Centre for Excellence in Youth Mental Health and Melbourne University," Ian said. "Orygen has engaged industry

leaders in youth mental health from across Australia to deliver the teaching material and it has been excellent. This has allowed me to access the very latest evidence in youth mental health service delivery."

Through this learning opportunity, Ian has been able to apply the knowledge in his current role at headspace. He adds: the "training has allowed me to be a source of knowledge transmission for the team I am a part of, and it helps our organisation provide this information to the wider community." This aligns with one of headspace Swan Hill's core values – to be innovative through leadership and valued partners.

For other allied health professionals seeking to work in Victoria's health force, Ian quotes a colleague from a local organisation in Swan Hill: "Leaders are continual learners. Keep learning – this keeps you fresh and equipped to inspire others." This advice is what Ian believes to be an integral part of being a health professional.

## GRANTS HELP REGIONAL MEDICAL SPECIALISTS ACCESS METROPOLITAN TRAINING

In the 2017/18 financial year, three physiotherapists from Optimum Clinic applied to RWAV and obtained Continuing Professional Development grants. The outcome was that each physiotherapist was able to use the grant to upskill and put that specialised training to use in their regional practice located in Wodonga.

“Allied health professionals need to keep on top of the latest research and changes in professional development in order to be able to provide the best ongoing care for our clients,” says Joe Moran, head physiotherapist and owner of

Optimum Clinic. “We all felt it was important to receive funding to be able to access courses in the city as it is a large personal expense to continually participate in professional development.”

As part of the CPD funding, physiotherapist Brylee Gallagher, used her grant to upskill to therapeutic yoga level two, and physiotherapist David Rossiter focused his upskilling training on different types of cervicogenic headache presentations. Joe Moran used his grant to upskill on mobilisations of the ribs and thoracic spine.

### CPD GRANTS USED TO

#### BRYLEE GALLAGHER PHYSIOTHERAPIST

Upskill to therapeutic  
yoga Level 2



#### DAVID ROSSITER PHYSIOTHERAPIST

Upskill on different types  
of cervicogenic headache  
presentations



#### JOE MORAN PHYSIOTHERAPIST

Upskill on mobilisations of  
the ribs and thoracic spine





# BUILDING A SUSTAINABLE WORKFORCE

# RWAV's objective is to grow the sustainability and supply of the health workforce with a view to strengthening long-term access to appropriately qualified health professionals.

We seek to strengthen long-term access to appropriately qualified health professionals in rural Victoria by:

- + monitoring the stability of the health workforce and developing strategies for ensuring continuity of care
- + delivering cohesive marketing and promotion of rural health careers
- + delivering programs and services that encourage interest in rural health careers including provision of high quality rural exposure
- + increasing business management skills of rural general practices to improve the viability of rural health practice

- + supporting health professionals with return of service obligations in order to prepare them for rural health work.

RWAV's future workforce program continues to be involved in careers events around the state, targeting rural background secondary school students to interest them in studying health disciplines.

Collaboration occurred with universities and rural health clubs to engage with tertiary health students and provide information and support to encourage the pursuit of rural health careers.

We developed and facilitated business support education, training and resources to

encourage practices to improve their business management capabilities by running Medicare Benefits Schedule (MBS) and the ABCs of Practice Sustainability workshops.

Workshops were held for Bonded Medical Students to provide information on their contract obligations, rural training pathways and opportunities in rural Victoria.

## GRANTS HELP HEALTHCARE PROFESSIONALS BECOME INTEGRAL RURAL TEAM MEMBERS



Katie Shaw is a practice nurse in Torquay, Victoria. As a student, Katie received a RWAV Rural Clinical Placement Grant in her third year of university while on placement in Colac. Having completed three rural placements during the course of her degree, Katie found the role of a nurse to be “a whole different ballgame” compared to metro settings. On her final placement rotation, Katie worked in the urgent care centre at Colac Area and Health, where she experienced “a range of acute presentations” such as coronary events, septic presentations, broken bones and farm injuries. Because of this, Katie felt that she “gained not only valuable hands-on experience, but also exposure to opportunities,” to expand her knowledge that she would not have been “privy to in a metro hospital.”

In her current role as a nurse practitioner in Torquay, Katie recently received an upskilling grant from RWAV, which was used to fund a Pap smear course. “The demand on healthcare facilities has increased. Of the five general practitioners in our clinic,

four are male. There are large cohorts of females within the community who call to book in for a Pap requesting only a female nurse or doctor,” Katie says. She adds, “By completing the Pap smear course, it will aid me in servicing this important need within the community.” Katie found that many women who feel uncomfortable being seen by a male practitioner, were foregoing Pap smears altogether. Having undertaken the Pap smear course, Katie is now able to provide this service for women in the community. Katie explains that receiving the upskilling grant has “helped to cement my importance with the clinic as an integral member of our team who is able to provide services that are so desperately needed within our rural communities.”

Katie highly recommends students to consider undertaking a rural placement: “The sense of community and support from staff toward students within rural facilities adds so much richness to the experience and leaves one feeling like a more well-rounded nurse.”





## RELOCATION GRANT HELPS PHARMACIST TO REALISE RURAL CAREER



Nicholas Sourlos is a pharmacist in Colac, Victoria, and in 2017 was a Rural Ambassador for RWAV. Nicholas recently applied and obtained a relocation grant, which he used to move from Traralgon to Colac, where he secured a position as a pharmacist.

While Nicholas was studying a Bachelor of Pharmacy at Monash University, he was invited to become a RWAV ambassador and advocate for rural careers. Some of the activities included in this role comprised mentoring high school/university students, undertaking hospital tours and attending career days. “To highlight and strengthen the skills needed to participate in these events, RWAV hosted numerous leadership-focused workshops. Each of these training workshops was starkly different but each of them was extremely beneficial,” says Nicholas.

When it came to selecting pharmacy internships – a mandatory requirement to becoming a licensed pharmacist – Nicholas found himself naturally drifting towards regional/rural sites. After completing his internship, passing his exams and obtaining a pharmacist registration, Nicholas seized the opportunity to be part of the transition of Colac Area Health from a rural to a regional hospital. Funding from the RWAV relocation grant allowed “for a smooth transition to a rural community” says Nicholas. “As a young professional, the grant has assisted me to settle into my share house and allowed me to obtain all the necessary home essentials. Without the grant, I believe it would have taken me far longer to become comfortable in my new work role and in the community.”

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**“WITHOUT THE [RELOCATION] GRANT, I BELIEVE IT WOULD HAVE TAKEN ME FAR LONGER TO BECOME COMFORTABLE IN MY NEW WORK ROLE AND IN THE COMMUNITY”**

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**During 2017-18, RWAV was required to undertake a Health Workforce Needs Assessment process as part of the Rural Health Workforce Support Activity program.**

**INFORMED  
WORKFORCE  
PLANNING**

The Health Workforce Needs Assessment contributed to the development and implementation of an evidence-based activity work plan to address national and specific priorities, relating to patient needs and service gaps in communities.

The Needs Assessment aggregates data themed around primary healthcare workforce access, quality and sustainability, and identifies issues and trends for those priority areas.

Health workforce data held by RWAV was analysed to identify priority areas, which needed the additional focus of our programs and services. This health workforce data is collected and maintained as part of RWAV's administration

of our program and services, and also through the annual GP Practice Survey and the GP Workforce & Skills Update that we conducted.

Workforce data collected by RWAV during 2017-18 was used for informed workforce planning and allowed RWAV to:

- + use baseline data for the Health Workforce Needs Assessment process
- + provide support services for the recruitment and retention of regional and rural health professional services in Victoria
- + provide support services for local, state, and national health professional workforce planning, needs assessment, and advocacy

- + focus continuing professional development, scholarships and grants into areas and locations that were identified as priority areas.

A snapshot of the GP workforce in 2017 revealed there were 1,872 GPs and Registrars practising in Modified Monash Model (MM) areas 2-6 in rural and regional Victoria in 528 practices.

The workforce is 59 per cent male and the overall mean age is 50.1 years. Forty-nine per cent of these doctors intend to remain in their profession for over 10 years.



**50.1  
YEARS**

overall mean age



**59%**

of the workforce are male

**41%**

of the workforce are female



**49%**

of doctors plan to remain in their profession for over 10 years

# This year has seen RWAV place additional emphasis on developing collaborative partnerships and alliances to develop and deliver health workforce solutions to rural, regional and Aboriginal communities in Victoria.

This included strategic engagement with stakeholders to inform rural health workforce planning through the establishment of three health workforce stakeholder groups that comprised representatives from Primary Health Networks, regional training organisations, rural clinical schools, specialist training pathway providers, rural training hubs, State Health Departments and

Aboriginal and Torres Strait Islander health bodies. These stakeholder groups provided feedback on the priority communities that were identified in the Health Workforce Needs Assessment and the proposed activities to be undertaken by RWAV.

In 2018–19, RWAV will be facilitating a community-focused approach to health workforce solutions.

We will be working directly with stakeholders in identified communities to develop innovative ways of problem-solving the issues surrounding their health workforce needs with the aim of implementing solutions that can adapt to changing community needs over time.

# INNOVATIVE COLLABORATIONS

## STUDENT HEALTH CHECK DAY

Students reaped the benefits of a 'Student Health Check Day' in a joint initiative between Thamarrurr Youth Indigenous Corporation, RWAV, Albury Wodonga Aboriginal Health Service, Optical Superstore Wodonga and the Bright Medical Centre. The event was held in March 2018.

Each year, students from Thamarrurr Youth Indigenous Corporation spend several months based in Bright. These opportunities provide pathways and support for employment and business development relative to their future within the Thamarrurr region. As part of the first-ever 'Student Health Check Day', students were given a screening for eye health. In total, 715 health checks were delivered – a preventive step in student eye health.

The experience in Bright is mutually beneficial for the students and for the community. It sees Indigenous students attending Bright's P-12 College to experience a different culture. They are involved in sporting activities, participate in the Mount Hotham school ski program and engage in a range of educational, health,

employment and cultural learning initiatives. Following a health and fitness program, the students trained and played football with the Bright Football Club.

The second part of the experience related to training and employment. The students work at the Dumu Café, within Bright, learning how to prepare and cook food, wait on tables, make coffee and how to operate a viable business.

The Bright community was carefully chosen to provide a nurturing environment for the students to feel included and supported. The program facilitator has strong connections to the area and the local community is very supportive of the Thamarrurr Youth Indigenous Corporation. Similarly, the Thamarrurr Youth Indigenous Corporation welcomes the opportunity to share their culture with the schools in the region, strengthening their cultural identity and gaining valuable cross-cultural learning experiences through engagement with the local community.





## CULTURAL RESPECT AND APPRECIATION TRAINING

RWAV, together with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), are proud to have facilitated a series of Aboriginal Cultural Safety Workshops throughout Victoria. This collaboration is a step towards ensuring outreach services accessed by clients are culturally safe and sensitive to their needs. The workshops discuss Aboriginal people and communities, the status of Aboriginal health, the impact of history on Aboriginal people, strategies to redress current issues, the Victorian Aboriginal community health sector and closing the health gap.

Health professionals from across the region have

attended the workshop and found it interesting, informative and engaging. RWAV also provided grants to a group of medical, nursing, and allied health students from universities across Australia to participate in the training.

RWAV is delighted to have facilitated cultural training where local healthcare workers gained a much better understanding of the needs of Aboriginal and Torres Strait Islander clients. Continued training will enable Aboriginal and Torres Strait Islander clients to build stronger relationships with mainstream health workers and services resulting in better health outcomes.

## EYE HEALTHPATHWAYS TRAINING

In 2018, RWAV, together with the Primary Health Networks, began delivering Eye HealthPathways training to GPs, Aboriginal health workers and clinical staff at Aboriginal Community Controlled Health Organisations across Victoria, thanks to recently obtaining a retinal camera from the Australian College of Optometry (ACO). The training is a part of the ACO's co-led Eye Health Equipment and Training Project.

The Eye HealthPathways is a free web-based portal designed for use during consultations to assist clinicians to navigate patients through what can be a complex primary and acute healthcare system. This enables a more seamless client journey to ensure Aboriginal and Torres Strait Islander clients obtain the most effective care at the right time, in the most appropriate setting.



## 2018 VICTORIAN RURAL HEALTH CONFERENCE

Mental health, the future of rural medicine, culturally savvy general practice and workforce issues were the key areas of discussion at the annual Victorian Rural Health Conference, co-hosted by RWAV and Rural Doctors Association of Victoria. This year the conference took place from 27–29 April in Creswick,

Victoria. Discussions of the day drew on the theme of diversity – exploring the role of diversity in general practice, doctors' mental health, workforce issues, and the future of rural health to bring change to general practice in rural Victoria.



## 2018 VICTORIAN RURAL HEALTH AWARDS

In April 2018, rural health professionals gathered in Creswick, Victoria for the 13th annual Victorian Rural Health Awards to recognise and honour the outstanding commitment and dedication of 25 health professionals working in rural Victoria.

The awards night celebrated GPs, allied health workers, nurses, practice managers and Aboriginal health workers that provide invaluable support and expertise to their communities and healthcare teams.



## FINANCIAL STATEMENTS

### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

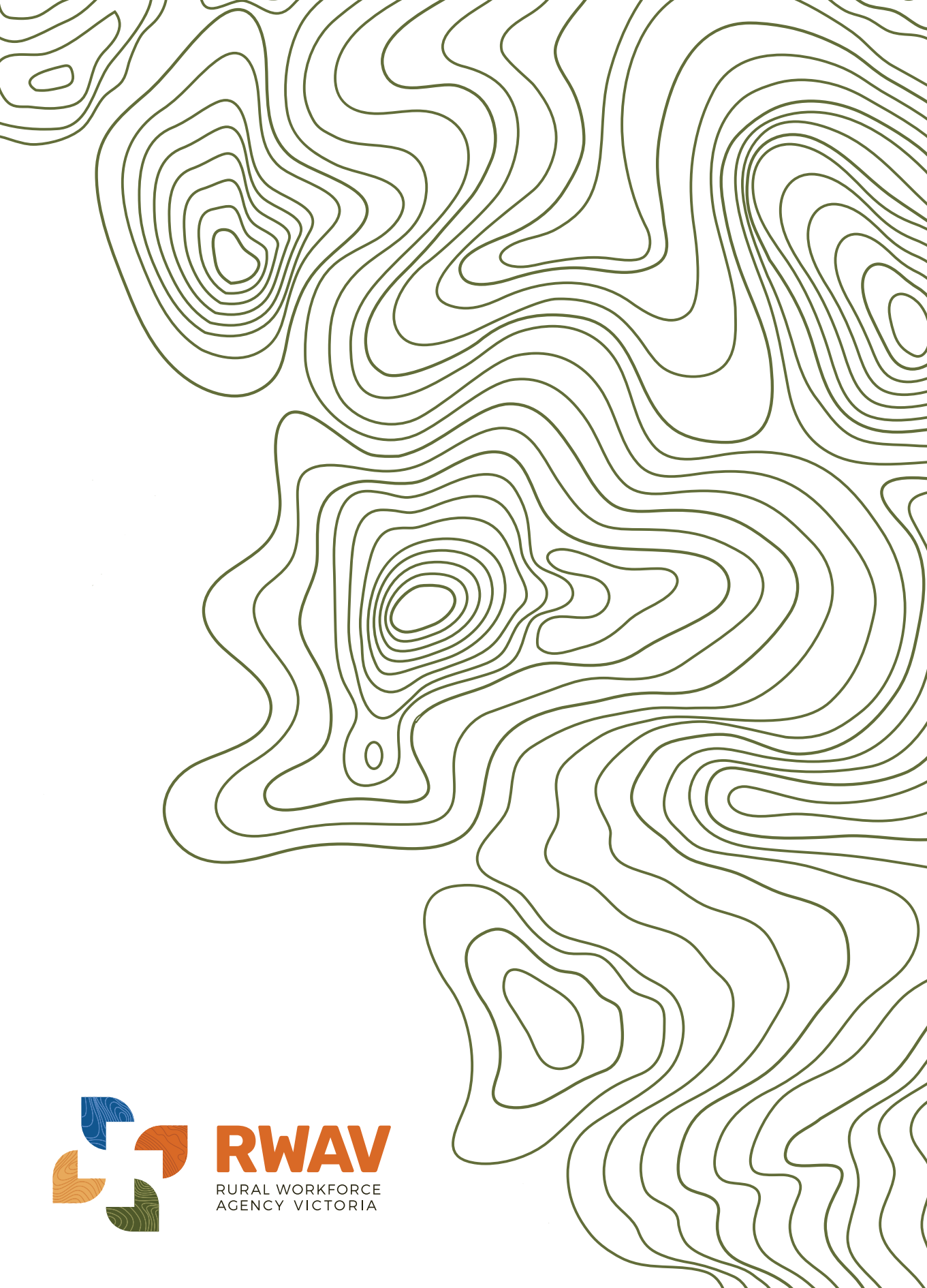
	2018 \$	2017 \$
<b>Revenue from continuing operations</b>	<b>15,589,878</b>	17,031,218
Projects and grants expense	<b>(11,281,605)</b>	(11,304,409)
Employee benefits expense	<b>(3,016,600)</b>	(2,646,977)
Depreciation and amortisation expense	<b>(362,243)</b>	(84,253)
Other expenses	<b>(1,174,630)</b>	(1,392,189)
Finance costs	<b>(77,937)</b>	-
<b>(Deficit)/surplus for the year</b>	<b>(323,137)</b>	1,603,390
<b>Other comprehensive income for the year</b>	<b>-</b>	-
<b>Total comprehensive (loss)/income for the year</b>	<b>(323,137)</b>	1,603,390





## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	2018 \$	2017 \$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	9,723,756	7,606,056
Trade and other receivables	43,384	133,470
<b>Total current assets</b>	<b>9,767,140</b>	7,739,526
<b>Non-current assets</b>		
Receivables	165,612	161,730
Property, plant and equipment	1,172,051	156,379
<b>Total non-current assets</b>	<b>1,337,663</b>	318,109
<b>Total assets</b>	<b>11,104,803</b>	8,057,635
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	2,215,653	1,221,233
Provisions	334,243	124,066
Contract liabilities	1,573,228	306,318
Other current liabilities	360,978	-
<b>Total current liabilities</b>	<b>4,484,102</b>	1,651,617
<b>Non-current liabilities</b>		
Provisions	38,687	33,916
Other non-current liabilities	817,734	-
<b>Total non-current liabilities</b>	<b>856,421</b>	33,916
<b>Total liabilities</b>	<b>5,340,523</b>	1,685,533
<b>Net assets</b>	<b>5,764,280</b>	6,372,102
<b>EQUITY</b>		
Retained earnings	5,764,280	6,372,102
<b>Total equity</b>	<b>5,764,280</b>	6,372,102



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