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WE WERE DELIGHTED TO HAVE THE OPPORTUNITY TO CELEBRATE OUR 20TH YEAR AT THE CONVENTION CENTRE IN NOVEMBER. THE EVENT WAS WELL ATTENDED BY OUR RURAL GPs, OUR PARTNERS, OUR BOARD AND OUR FUNDERS.

CHSA LHN advanced the State government’s commitment to develop a Rural Health Workforce Strategy bringing together key stakeholders including the RDWA and consolidating a number of sub projects including Sustainable Models and the Rural Junior Doctor Training Committee.

Minister Wade and the newly appointed CEO of SA Health, Dr Chris McGowan, set about devolving both metro and country into independent LHNs.

We congratulate the six Country Regions on the appointment of their CEOs, Chairs and Board Members. We look forward to working with each of them to achieve their strategic goals for their Regions. We also thank them for their continued support of the RDWA.

Federally the work of the Rural Health Commissioner, Professor Paul Worley, continued to develop the role and function of the Rural Generalist.

The Rural Workforce Agencies were asked to comment on a range of discussion papers prior to their release for consultation.

The final report from the Commissioner was provided to the Minister for Regional Services, Senator McKenzie, in December 2018.

In March 2019, the Minister announced a funding package of $62 million to develop a National Rural Generalist Pathway for trainee doctors. This will play an important role in ensuring that rural and remote have more access to highly trained GPs.

As Chair, I was pleased to have the opportunity to host our Annual Conference ‘20 Years Strong’. We provided a brimming program, primarily delivered by Clinicians and Specialists who understand the issues and challenges faced by our resident GP workforce.

A highlight for all was the presentation by Dr Richard ‘Harry’ Harris, Joint Australian of the Year 2019, who spoke candidly about his role in the cave rescue of the young Thai soccer team.

The RDWA Board has undertaken a review of the Constitution and the Board composition, further embedding our commitment to a skills-based Board. The changes will be enacted at our Annual General Meeting later in the year.

The Board will be reviewing and renewing our strategic directions in the coming year.

Organisationally, the RDWA has performed strongly and has achieved all of the contractual milestones with both the State and Commonwealth contracts.

We have funding agreements in place to allow us to continue to support our resident and emerging rural health workforce over the coming year.

My thanks to my fellow Board Members for their commitment and passion for rural health and the communities we serve.

To Lyn and the staff, thank you for your tireless efforts in supporting all the clinicians who are working for country.

Dr Mike Beckoff
RDWA Chair
ceo's REPORT

‘WORKING FOR COUNTRY’ IS OUR WAY OF REMINDING OUR RURAL COMMUNITIES THAT THEY’RE NOT ON THEIR OWN.

THERE HAS BEEN A LOT OF CONVERSATION OVER THE PAST YEAR ABOUT DOCTOR SHORTAGES AND A RANGE OF VIEWS REGARDING THE CAUSE AND THE SOLUTIONS.

The reality is there are more doctors, nurses and allied health professionals in rural South Australia than ever before.

We appreciate that there is a real need for more.

There are literally thousands of health professionals living and working in our rural towns.

There are also hundreds who travel the length and breadth of country delivering crucial visiting specialist care.

Individually and collectively, they not only work tirelessly to provide much needed care, they come together to lend their voice to support our rural towns in arguing for more resources to increase health care services.

The also spend countless hours teaching, training and mentoring the coming generations of providers, passing on their skills and passion for rural health.

It is vitally important that we continue to support and acknowledge our rural health workforce as they continue to provide services to all of our country communities.

More broadly, the last year has seen a significant policy focus on rural health and its workforce from all tiers of government.

The Federal government began to enact their Stronger Rural Health Strategy.

At a State level the Marshall government laid the foundation for its Rural Health Workforce Strategy.

Local government has also been advocating for their communities.

All levels of government acknowledge that there is still much to be done to ensure that we have a sustainable, accessible, competent and confident rural health workforce.

Much of the impact of the new Commonwealth More Doctors for Rural Australia Program (MDRAP) will be felt in the coming year or two. The same can be said for the changes flagged in the levers impacting on distribution of the workforce.

These relate to Bonded Scholars and the distribution of the International Medical Graduates (IMGs) through the Visas for GPs Program and the implementation of the findings of the Commonwealth Distribution Working Group.

In South Australia the draft of the Minister’s Rural Medical Workforce Plan is due for release and consultation.

The plan is an ambitious and admirable start to build a capability for young doctors to undertake more of their training in rural South Australia.

These are all positive signs for the longer-term sustainability of our medical workforce. Unfortunately for the communities who have inadequate access to GP services it feels like a bridge too far. Their need is immediate and there are not enough immediate solutions.

The RDWA’s role is to ensure that both the State and Commonwealth are aware of the issues and the uncertainty this creates. It’s also our job to help develop solutions in concert with GP practices, communities and with the local hospitals in each town.

THERE HAS BEEN A LOT OF CONVERSATION OVER THE PAST YEAR ABOUT DOCTOR SHORTAGES AND A RANGE OF VIEWS REGARDING THE CAUSE AND THE SOLUTIONS.
While we work to support all of the practices wanting to recruit additional doctors, our priority will always be the communities where there are inadequate services or the risk of no service at all.

Some solutions have been found and for the most part they have succeeded because the communities have managed to embrace change. For them the focus has been on accessing services not owning them.

The successes have included doctor-led practices working to ensure that the models of care provided meet community need. This is coupled with a team-based approach to practice and a viable business model.

Beyond our recruitment efforts, we continue to maintain and tailor our programs and services to retain our resident workforce. Our SAVES program now supports 30 hospitals every night of the year. Our Locum program has again delivered more than 250 weeks of support. Both programs aim to assist in reducing fatigue for our resident GPs responsible for 24-hour emergency on call to their local hospitals.

Our targeted education and training have allowed our GP workforce to retain and expand their skills, delivered locally by Specialists who also work with rural communities. The program is tailored for a rural GP’s role.

In the coming year our partnership with LearnEM will expand to ensure that our resident GP Anaesthetists and GP Obstetricians can complete all of the training they require to maintain their credentials. The services provided by our Proceduralists are critical for the communities and for the scope of services provided at rural hospitals.

Having delivered the Health Workforce Scholarship Program over a full year, we can see the appetite of our workforce to increase their skills and knowledge and to ensure they provide the most contemporary practice available to their communities.

We continue to invest in our future workforce. We believe that country kids deserve every opportunity to become part of the rural health workforce of tomorrow. Our investment starts with high school students and progresses through University in our engagement with their Rural Health Clubs.

Our role in managing the John Flynn Placement Program has added to our endeavour to have young medical students exposed to rural practice.

Since its inception our Road to Rural Intern Program has now given the opportunity for more than 50 interns to work alongside our rural GPs. For many, this experience is life changing and a positive influence on their choice of specialty.

Our Outreach Programs are fully subscribed with more than 200 Specialists and Allied Health and Nursing professionals traversing the state to provide over 30,000 occasions of service across the year.

These programs also demonstrate the partnership between the providers, the RDWA, GP practices, and the Aboriginal Community Controlled Health Services (ACCHS), all focussed on the services needed by each community.

Our thanks for the Commonwealth Department of Health for their collaboration and inclusion of the Rural Workforce Agencies in both policy development and program design.

Our thanks for the six newly created Country Local Health Networks for continuing to invest in the RDWA so we can invest in the rural workforce. We look forward to working with each of the Regions to develop sustainable workforce solutions town by town.

To the Chair and the Board of the RDWA, thank you for your unwavering support of me and the organisation.

To the staff, my heartfelt thanks for always remembering we’re working for country.

Lyn Poole
CEO
Retaining Our Workforce

The retention of our GP workforce is the mainstay of much of our work.

We take a holistic approach in the design and delivery of our programs and services.
Our approach focusses on the personal, professional, family and business needs of our resident GP workforce.

Having a competent, confident and contented, stable workforce means that rural communities can develop and maintain a relationship with their GP and know that there are emergency services available if they need them.

Our services are targeted and crafted to meet the needs of our GPs.

**MEDICAL PROFESSIONAL DEVELOPMENT**

Throughout 2018-19 the RDWA worked with a group of Specialists to deliver Cardiology, Mental Health and Dermatology workshops in five regions throughout the State.

Specialists with significant understanding of rural general practice offered presentations in Berri, Clare, Port Lincoln, Mount Gambier and Nuriootpa. A total of 15 events were funded and hosted by the RDWA with 107 rural GPs attending.

The Specialist group includes Dr Ken Fielke – Psychiatrist, Dr Phil Tideman – Cardiologist, and Dr Lachlan Warren – Dermatologist, all of whom will continue delivering targeted medical education events in the coming year.

**EMERGENCY SKILLS**

The RDWA has long delivered a focussed and tailored emergency education program to rural doctors providing hospital services in their community. This program allows our resident GPs to refresh their skills and maintain their credentialing to provide emergency care in our rural hospitals.

The Rural Emergency Skills Program (RESP) has been highly regarded for the past 15 years and in 2018-19 RDWA, in partnership with training provider LearnEM, developed and launched a second, advanced level, emergency education program, RESP Plus.

RESP Plus broadens the resuscitation principles and procedural skills taught in the RESP workshop. The new workshop incorporates specific areas in rural emergency practice including neonatal resuscitation, sedation of the agitated (mental health/drug affected) patient, continuing management of the critically ill patient, difficult airway management and procedural sedation.

In addition to the 103 doctors who were supported to attend the RESP two-day training event, a further 26 participated in RESP Plus to further enhance their emergency medicine abilities.

In recognition of the increased availability and use of in-practice ultrasound, RDWA, in partnership with LearnEM, delivered a new two-day workshop: RESP Primary Care Ultrasound.

The training offered 33 rural GPs the opportunity to learn additional ultrasound diagnostic skills and instruction in ultrasound guided procedures required for the management of acutely ill or injured patient in rural practice.
CONTINUING PROFESSIONAL DEVELOPMENT SUBSIDY

The RDWA’s Continuing Professional Development (CPD) subsidy provides funding to subsidise the costs resident rural GPs and Specialists incur when travelling to access CPD.

The CPD subsidy assists GPs and Specialists to access knowledge and education to remain contemporary in their rural practice. During the 2018-19 year, 54 CPD subsidies were funded.

PRE-SCHOOL CHILDCARE SUBSIDY

The RDWA’s Resident Rural GP Pre-School Childcare Subsidy assists resident rural GPs and resident Registrars to remain in the workforce during the time they have pre-school aged children.

The subsidy provides funding to subsidise the cost of childcare for GPs who are the primary carers of pre-school aged children and who cannot work without placing children in paid childcare. In 2018-19, 74 childcare subsidies were funded by RDWA.

LOCUM PROGRAM

The RDWA’s Rural GP Locum Program supports the retention of resident GPs by providing locum relief for planned leave. Highly skilled GPs with significant rural experience work in the resident GPs practice, ensuring SA’s rural communities can continue to access local medical care.

WE MAKE IT AS EASY AS POSSIBLE FOR RURAL GPS, ESPECIALLY THOSE IN SMALLER TOWNS, TO PLAN THEIR LEAVE, KNOWING THEIR COMMUNITIES ARE IN SAFE HANDS WHILE THEY TAKE A WELL-DESERVED BREAK.

For some rural locations, we also provide GP Proceduralists to support continuity of obstetric or anaesthetic services.

We also respond in times of emergency to support communities’ continued access to medical services.

IN 2018-19, WE MET 94% OF ELIGIBLE REQUESTS, AND IN TOTAL WE PROVIDED MORE THAN 250 WEEKS OF LOCUM SUPPORT ACROSS COUNTRY SA.
**SOUTH AUSTRALIAN VIRTUAL EMERGENCY SERVICE (SAVES) PROGRAM**

The SAVES Program is available in 30 emergency departments in country hospitals across rural and remote South Australia.

SAVES provides local GPs with the option of being called out to treat patients, allowing them to rest at night, and patients are instead treated over the SAVES network. It is entirely at the decision of the on-call rural GP whether to switch over to SAVES on any given night.

The program is designed to support rural doctors’ existing practices, provide greater flexibility for their operating hours and improve their work-life balance by allowing them to take well-deserved time off.

The service is provided between 11:00pm and 7:00am every night of the year.

**FELLOWSHIP STRATEGY PROGRAM**

RDWA has partnered with AOGP to bring eligible rural GPs in South Australia an expanded and updated Fellowship Strategy Program.

We believe this is the best Fellowship support program in Australia.

Funded by the RDWA, the expanded program provides intensive support across five elements that have been tailored to the needs of our GPs in preparing for their exams.

In 2018-19 there were 96 doctors working in rural SA on their pathway to Fellowship.

We congratulate the 19 doctors who were awarded their Fellowship during the year.

**PARTNER GRANTS**

We understand and appreciate how much the partners of our GPs do to support them to do their job.

The RDWA offers grants of up to $3,000 to support the partners and spouses of GPs who are practising and living in rural SA.

The funds can be used for course fees, training expenses, and business establishment as well as associated travel and accommodation.

**THIS YEAR WE AWARDED 17 GRANTS TO THE PARTNERS OF OUR RESIDENT RURAL GPs.**
We thank all the presenters and the rural GPs who participated in the two-day conference. The feedback on the program was incredibly positive.

Kicking off the program on Friday morning, Dr Peter Gilchrist provided an insight into the life of a GP Anaesthetist and his field of study as part of his PhD. We finished on day two with an inspiring presentation by Dr Richard ‘Harry’ Harris on the Thailand cave rescue.

This year, the conference provided delegates with informative presentations from 20 Specialist doctors and health professionals covering topics from dermatology, endocrinology, dental presentations, doctor’s health and wellbeing, orthopaedics, neurology, rheumatology, women’s health and children’s health.

Included were two discussion panels: one with some of the Country Health SA Regions CEOs and Chairs, and a Mental Health panel with the Country PHN, Country Health SA LHN and the RDWA discussing their respective roles and the nature of the services they fund and provide.

The exhibition area offered delegates the opportunity to talk to our staff about the programs and services available.

Our Family program was a lot of fun for the kids and an opportunity for the partners of our GPs to have some time together. The kids were engaged in everything from garden pot decorating, to puppet making and an adventure to the Adelaide Zoo.

Saturday night’s relaxed dinner provided an opportunity to boogie the night away with the Rock Doctors band.
This year the vacancies on our website have grown. There are now more than 60 choices for GPs to consider.
We support all of our rural practices to replace or expand their GP workforce.

Having said that, we do focus on the vacancies where the communities have little access to service or consistency of provider.

In our efforts to recruit suitably qualified GPs, we have engaged private national recruitment companies to complement our efforts. We have marketed both onshore and offshore throughout the year to tempt GPs to our rural towns.

We’ve also helped facilitate existing practices to expand to provide services into a neighbouring town. This has stabilised the provision of dedicated clinicians for those communities.

The contribution to the workforce by GP registrars cannot be underestimated and there are positive signs with a number of this cohort remaining in country at the end of their training. This bodes well for contemporary teaching practices to have a workforce solution and we thank GPEX for their contribution to rural.

For the locations who are not teaching practices, the options for recruiting a doctor are more limited. In past years we have successfully recruited a significant number of well qualified experienced GPs from offshore.

This is no longer the mainstay of recruiting GPs into country.

The recruitment of offshore doctors taking up a role in country is now lengthy and complicated. It often results in determinations that require onerous levels of supervision by the practice regardless of the years of experience and skills of the incoming doctor. In many instances this is too great a burden for the small practices.

So, where does that leave us?

Nationally, there are up to 1500 GP registrars entering the system each year, with predictions that we are heading for an oversupply.

The challenge for the Australian government is distribution for both the Australian graduates and the IMG workforce.

There will be a dramatic reduction in the number of locations available for to IMGs from 1 July 2019. This will create opportunities for us to work with GPs who may have previously chosen a metropolitan suburb rather than a country town.

The new MDRAP program announced by the Commonwealth government may well assist us to encourage practices to engage both IMGs and junior doctors to work in country. Each candidate will be assessed and matched to a practice capable of providing the supervision and support they need.

Candidates can spend up to two years on the program before embarking on a pathway to Fellowship. We expect that this program, with support from the RDWA, may assist some practices to develop their teaching and supervisory ability.

It will also create the opportunity for junior doctors to have a rural experience before deciding their choice of specialty.

We have had success in welcoming 48 GPs both International and Australian graduates in the year.

As we continue to recruit, we notice that the same practices continue to list vacancies which does indicate that they have an appetite for more. This tells us that there is a combination of things occurring: younger GPs are better at working less than their older counterparts, demand for services are increasing, and the business of general practice is working.

Our challenge is to continue to work with the new country regional LHNs, the smaller communities, and the practices to find solutions that work for their town, their hospital and their practice.
OUR VISITING SERVICE PROVIDERS, SUPPORTED THROUGH THE RANGE OF OUTREACH PROGRAMS, CONTINUE TO BE A SHOWCASE OF JUST HOW MANY PEOPLE ARE WORKING FOR COUNTRY.
We commenced an Outreach eye health services forum with ophthalmologists, optometrists, AHCSA and Country SA PHN to develop new initiatives in a range of areas including pathways to surgery, distribution of the ophthalmologist and optometrist workforce and equipment needs. Through this work, we established the basis for eye health hubs locally to address the increasing need for ophthalmic procedures, particularly since the roll out of retinal cameras into ACCHS.

The Department of Health provided additional funding for both ophthalmology services and for the Ear and Eye Surgical Services Support Program (EESS), which provided the opportunity for consideration for additional services which have been approved for Yalata/Oak Valley, Port Augusta, the Riverland and South East communities.

EESS is a great example of service providers from across the State working for country, with a significant increase in the number of Aboriginal or Torres Strait Islander patients being supported to get access to surgery for eye or ear conditions.

Often complex in terms of patient and carer coordination and planning to get to surgery, this program has been embraced by health professionals and patients alike, and provides an important link in the referral pathway to ensure that Aboriginal people are prioritised for surgery.

We welcomed three new ENTs to the Healthy Ears - Better Hearing, Better Listening Program this year for Port Augusta, Port Lincoln and Coober Pedy, and we were delighted to support the Healthy Ears Forum, which provides opportunity for ACCHS staff to share their learning and their challenges in supporting ear health in their communities. Benchmarque provided health workers training in otitis media as part of the forum.
WOMEN’S GP SERVICES WERE ESTABLISHED IN KIMBA AND COWELL WITH THE SUPPORT OF LOCAL HOST PRACTICES.

Host practices provide another excellent example of working together with the visiting providers to ensure country people have as much access as possible to services close to where they live. We thank everyone at the local practice who supports our visiting service providers and their local community.

The Rural Health Outreach Fund and the Medical Outreach Indigenous Chronic Disease Program continue to deliver the majority of the services in the Outreach Program, accounting for 22,000 of the patient contacts. New services in these programs included psychiatry service in Maitland and Kadina working in collaboration with the local GPs; women’s GP into the Port Lincoln ACCHS working alongside the maternal health services; paediatric ophthalmology and maternal services in Port Augusta.

A significant number of outreach health professionals are bringing final year students to outreach services as part of their placement, as well as registrars who are completing their training. These opportunities are building capacity and exposing more trainees to positive experiences of rural health care as well as the value of outreach services.

We have been fortunate to be able to access some funds to provide additional visits in high demand areas including mental health, paediatrics, endocrinology and cardiology and, in collaboration with Country SA PHN, we have been able to create capacity for more visits to increase mental health services.

THE COUNTRY HEALTH SA LHN FUNDED PSYCHIATRY OUTREACH SERVICE ALSO CONTINUED TO DELIVER SERVICES INTO SA’S RURAL COMMUNITIES, WITH 2,400 PATIENT SERVICES PROVIDED THROUGHOUT THE YEAR.

WE THANK YOU, EACH AND EVERY OUTREACH PROVIDER, FOR GETTING UP EARLY, GETTING HOME LATE, FLYING, DRIVING, EATING ON THE RUN AND, MOST IMPORTANTLY, FOR WORKING FOR COUNTRY EVERY TIME YOU CHOSE TO WORK IN ONE OF OUR RURAL COMMUNITIES.
OUTREACH

Providers

Dr Rishi Agrawal
Dr Jacob Alexander
Dr Ratomir Antic
Dr Dale Ashby
Dr Paul Athanasiov
Ms Talitha Baird
Mr Tyson Baird
Dr Peyman Bakhtiarian
Dr Simone Barry
Dr Antoinette Bearman
Dr Warwick Black
Mr James Blewit
Dr Sam Boase
Dr Karyn Boundy
Dr Christine Burdeniuk
Dr Simon Burnet
Dr Kirsten Campbell
Ms Jane Carlisle
Dr Vijay Challa
Dr Ian Chapman
Dr Sharad Chawla
Mr Ken Chenery
Ms Bonnie Cheyne
Mr Chris Connelly
Dr Susan Crali
Mr Geoffrey Craven
Dr Robert Culver
Dr Garry Davis
Mr Jelle de Bock
Dr Anthony Dinesh
Dr Martin Downs
Dr Shane Durkin
Dr Hamish Eaton
Mr Craig Edwards
Dr Michael Edwards
Ms Rachel Elovaris
Mr Jose Estevez
Dr Janice Fairchild
Dr Ken Fielke
Dr Stephen Fitzgerald
Dr Stephen Floreani
Mr Paul Fotkou
Dr Bruno Franchi
Dr Meredith Frearson
Dr Lalith Gamage
Dr Vipulajith Gange
Dr Shane Gill
Dr Geetha Giri
Mr Jose Gonsalves
Dr James Gotting
Dr Tim Gray
Mr Andrew Griffiths
Dr Alethea Grobler
Dr Neeraj Gupta
Mr Ben Hamlyn
Dr Thomas Han
Mr Mitch Hancock
Prof Michael Harbord
Dr Shannon Harris
Mr Luke Higgins
Dr Michael Horowitz
Ms Mary Houlihan
Dr Harry Hustig
Dr David Jankowiak
Dr David Jesudason
Dr Ian Jones
Mr Sean Jones
Dr Thomas Kimber
Dr Rebecca Kurinkus
Dr Aparna Laddipeerla
Dr Narsing Laddipeerla
Dr Stewart Lake
Dr Michael Lane
Ms Maria Latemore
Dr Adrianna Lattanzio
Ms Megan Leaney
Dr Kathy Lee
Ms Bianca Liersch
Dr Marek Litwin
Dr Bonita Lloyd
Dr Cathy Love
Dr Ewan Macaulay
Dr Patricia MacFarlane
Dr Chinmoy Marathe
Dr Richard Mills
Dr Mark Morton
Dr Daniel Mosler
Dr Helen Murray
Dr Ludomyr Mykyta
Dr Judy McDonald
Dr Brian McKenny
Dr Julian McNeil
Dr Marni Menke
Dr Igor Nikitins
Dr David O'Brien
Dr Joy O'Hazy
Dr Ann Olsson
Ms Elise Pocknee
Dr Anthony Roberts
Dr Anthony Robinson
Dr Ravi Ruberu
Dr Adam Rudkin
Dr Manodhi Saranapala
Mr Kyn Schellen
Dr Geoff Seidel
Dr Norman Shum
Dr Ben Smith
Ms Alison Spurr
Mr Dion Stanbury
Mr Murray Stanley
Dr Nigel Stewart
Dr Shirley Sthaven
Dr George Stolz
Assoc Prof Steve Stranks
Dr Jorg Strobel
Assoc Prof William Tam
Dr Deepa Taranath
Dr Graeme Taylor
Dr Angela Teh
Dr Jane Thiel
Ms Christelle Thomas
Dr Prashant Tibrewal
Dr Philip Tideman
Ms Elizabeth Tiernan
Mr Mark Thompson
Dr Sally Tregenza
Dr Emily Tucker
Dr Christopher Tyson
Dr Michael Warhurst
Dr Lachlan Warren
Dr Linda Watson
Dr Ian Wong
Dr John Wood
Assoc Prof Christopher Zeitz
Our Road to Rural Intern Program (R2R) has continued to be embraced by interns who are provided the opportunity to spend one of their 10 week rotations working in rural general practice and in the local hospital.

This year the program continued to provide 200 weeks of clinical training for 20 interns working across four locations in rural SA.

Interns participating in this program were Drs Tony Au, Julian Smith, Richard Sexton, Rebecca Lees and Toby Zerner (Jamestown); Drs Elizabeth Cuthbertson, Michael Fyfe, Virginia Munro, Jennifer Xu and Peter Litwin (Boston Bay, Port Lincoln); Drs Hannah Hancox, Thomas Everingham, Minh Thanh Le, Bridget Hunt and Christopher Maynard (Crystal Brook); and Drs Danielle Brydges, John Au, Yumiko Tomo, Ruby McNamara and Lachlan Tamlin (Kadina).

Our key partners, Central Adelaide and Northern Adelaide LHNs, the rural GPs and their practices and AOGP continued to provide extensive support for this important future workforce initiative.
JOHN FLYNN PLACEMENTS PROGRAM

John Flynn Placements Program (JFPP) is an iconic, national placement program that provides funding and practical support to 300 medical students who visit the same rural location annually for three or four years during their time at university. JFPP attracts more than 1200 applications annually for the 300 available places. RDWA and the Rural Workforce Agencies from other States and the Northern Territory manage JFPP, with Health Workforce Queensland operating as the lead agency in the consortium arrangement.

Locally, RDWA paired the 22 successful incoming students to rural GP mentors in 2018-19. For 11 of the mentors, this year’s placement is their first as a GP mentor. New JFPP students were matched to GP mentors in the communities of Ardrossan, Bordertown, Jamestown, Littlehampton, Loxton, Moonta, Mt Barker, Mt Compass, Murray Bridge, Pt Augusta, Pt Lincoln, Roxby Downs, Victor Harbor and Whyalla.

The new 22 students joined the existing 51 students to a combined total of 73 students who participated in a JFPP placement in rural SA this year. Along with the support of the rural GP mentor, outreach providers and local community members supported the JFPP students to ensure their rural workforce experience was positive and rewarding.

In May 2019, RDWA took part in the next national application and assessment process, which has resulted a new cohort of 24 successful applicants being selected to commence the program in 2019-20.

GO RURAL – UNIVERSITY AND HIGH SCHOOL

RDWA continues to provide an extensive range of activities that enable rural high school students, and university undergraduate and post-graduate health discipline students to understand the breadth of practice, the opportunities and the value of rural health careers.

This year, these programs were part of RDWA’s ‘Go Rural’ initiatives, with an incredible 360 students attending one of the many events or receiving a grant.

Go Rural – High School activities include the medSPACE camp, which was attended by 49 rural high school students, the UMAT grant which was provided to 76 students who were preparing to apply for medicine, and with the replacement of UMAT with the new UCAT, RDWA introduced a new University Preparation Grant, which was awarded to a further 48 students.

Go Rural – University provides the opportunity for university students who are members of their rural health club to have some fantastic experiences, including almost 100 students taking part in the RDWA-RFDS Ride Along Program and sponsorship of allied health students to attend the national SARRAH Conference in Darwin.

We managed to deliver two of the hugely popular Quorn Clinical Skills Experience Weekend in 2018-19, the 17th and 18th times we have supported this program. We couldn't put this weekend on without the fantastic leadership of Dr Tony Lian Lloyd and the community of Quorn and the support of rural GPs Dr Steve Holmes, Dr Corina Sims and Dr Kasia Strojek.
The Health Workforce Scholarship Program continued to increase the skills and scope of practice for SA’s rural primary health care workforce, with 270 scholarships and professional development bursaries totalling $900,000 awarded across four grant rounds during the year.

In only its second year, the Health Workforce Scholarship Program has funded health professionals from 19 primary health care disciplines, with general practitioners, nurses and midwives, and physiotherapists receiving 170 of the grants this year.

Thirty-three scholarships for up to $10,000 each were awarded for post-graduate studies, several of which were second year scholarships bringing the total to $20,000 for the recipient.

Almost 240 bursaries were awarded for attendance at conferences, education activities and workshops.

Mental health, dermatology, chronic disease management and pain management were the highest-ranking topics across both scholarships and bursaries.

The program is providing significant opportunity for primary health professionals working in SA’s most remote communities, with 57 of the grants being awarded to health professionals practising in communities classified as remote or very remote.

The priorities for the Health Workforce Scholarship program are underpinned by the Health Workforce Needs Assessment, which is guided by the Health Workforce Stakeholder Group of key partner organisations including the Country SA PHN, Country Health SA LHN, AHCSA, GPEx and the three SA universities.
“Our physios are so grateful for the financial support of the rural health workforce scholarship program. It has allowed us all to gain new and updated skills across a wide range of clinical areas, which ultimately helps us to help our community even more.”

“I am using my new-found knowledge already!! I have entered a Mentor Program with a Credentialled Diabetes Educator and this will enable me to be fully credentialled as a Diabetes Educator in 6 months.”

“While I’ve been a GP for 10 years, the scholarship has enabled me to do the course now and develop these skills much earlier in my career than I initially expected.”
Dr Michael Beckoff, Chair
Mr Bill Hamill, Treasurer
Dr Seshu Boda
Dr Timothy Bromley
Dr Marion Crompton
Ms Andrea Ferguson
Ms Erin McCarthy
Dr Lachlan Mackinnon
Dr David Senior
Ms Alyson Smith

Jason Ahmad
Cathy Aktanarowicz
Sharon Ayres
Dr Zakaria Baig
Tania Baldock
Alyssa Bates
Rene Batters
Andrea Brown
Dr Christine Brown
Dr David Brown

Gemma Butler
Stephanie Callisto
Shirley Capitano
Dr Neville Carlier
Lauren Channon
Dr Mark Chia
Dr Peter Clements
Dr Greg Crafter
Billy Doecke
Nikki Elliott

Denise Fabbro
Dr Raymond Goodwin
Donna Harrison
Sophie Hlipala
Louise Holley
Kath Jacka
Dr Willem Joubert
Dr Jonas Kasauskas
Jeff Kelley
Dr Tim Kelly

Dr Yen Koh
Dr George Kokar
Jo Krieg
Dr Peter Krige
Dr Sarah Lamanuzzi
Anna Leditschke
Michelle Manuel
Dr Evan Markwick
Nicola Mason
Dr Gabriel Mayland
Dr Lawrie McArthur
Mandy McCulloch
Sean McCulloch
Dr Judith McDonald
Dr Vikki McLaughlin
Dr Andrew Miller
Dr Johanna Muller
Dr Graeme Nicholson
Teena Norman
Ellen Pedler
Jenni Phelps
Lisa-Maree Pigliafiori
Michelle Pitot
Lyn Poole
Liam Ramsey
Dr Russell Richardson
Liesl Riley
Joanne Rolph
Rick Schneider
Gretchen Scinta
Dr Roger Sexton
Dr Hema Shankar
Dr Russell Shute
Dr Godfrey Sibanda
Dr Alexander Stolz
Dr Karen Sumner
Dr Sean Taylor
Ben Trappel
Angela Tridente
Maraya Verdonk
Dr Oswell Viki
Dr Jacqueline Wagner
Dr Richard Watts
Dr Richard Weate
Dr Graham Wildman
Dr Rohan Williams
Richard Wilmot
Dr Jennifer Wilson
Barbara Wright
Katrina Zadow
I AM PLEASED TO REPORT THAT THE RDWA REMAINS IN A SOUND FINANCIAL POSITION.
I have pleasure in presenting the audited financial statements for the Rural Doctors Workforce Agency for the year 1 July 2018 to 30 June 2019.

The RDWA’s major funders are the Australian Government Department of Health and Country Health SA LHN. The Statement of Financial Position includes funds from all sources.

RDWA’s income was $17,719,610 with expenses of $17,350,428, resulting in retained earnings of $369,182.

Total assets after depreciation as at 30 June 2019 were $10,408,659 and total liabilities were $5,932,754. Retained earnings total $4,475,905 and comprise previous years’ accumulated funds.

RDWA uses accrual accounting that recognises income earned and expenditure incurred within the reporting period including provision for accrued annual and long service leave for employees. This presents an accurate financial position of the RDWA.

CEO Ms Lyn Poole, General Manager Ms Mandy McCulloch and Finance Manager Ms Shirley Capitano were responsible for the financial affairs for the year. They provided financial statements and information to the Audit and Risk Committee and the Board to support financial monitoring and oversight.

I would like to recognise Audit and Risk Committee Members Ms Erin McCarthy, Dr David Senior and Ms Alyson Smith and thank them for their service during the year.

I am pleased to report that the RDWA remains in a sound financial position.

Bill Hamill
Treasurer, RDWA
### STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

<table>
<thead>
<tr>
<th></th>
<th>2019 ($)</th>
<th>2018 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>17,275,407</td>
<td>16,345,136</td>
</tr>
<tr>
<td>Interest Income</td>
<td>147,522</td>
<td>122,673</td>
</tr>
<tr>
<td>Other Income</td>
<td>296,681</td>
<td>161,992</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>(1,670,588)</td>
<td>(1,725,894)</td>
</tr>
<tr>
<td>Board and committee expenses</td>
<td>(128,684)</td>
<td>(139,524)</td>
</tr>
<tr>
<td>Locum program</td>
<td>(3,899,742)</td>
<td>(3,454,169)</td>
</tr>
<tr>
<td>Retention</td>
<td>(1,117,871)</td>
<td>(2,420,521)</td>
</tr>
<tr>
<td>Recruitment</td>
<td>(1,249,587)</td>
<td>(1,026,721)</td>
</tr>
<tr>
<td>Business Services</td>
<td>(32,948)</td>
<td>(24,594)</td>
</tr>
<tr>
<td>National representation</td>
<td>(63,355)</td>
<td>(56,400)</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>(6,362,884)</td>
<td>(5,919,130)</td>
</tr>
<tr>
<td>Attraction</td>
<td>(879,225)</td>
<td>(964,543)</td>
</tr>
<tr>
<td>PHC Workforce</td>
<td>(1,160,890)</td>
<td>0</td>
</tr>
<tr>
<td>Workforce Viability &amp; Planning</td>
<td>(757,068)</td>
<td>(694,522)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(27,586)</td>
<td>(35,498)</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
<td><strong>369,182</strong></td>
<td><strong>168,285</strong></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td><strong>369,182</strong></td>
<td><strong>168,285</strong></td>
</tr>
</tbody>
</table>
## Statement of Financial Position As at 30 June 2019

### Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>10,048,896</td>
<td>9,580,225</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>104,824</td>
<td>144,301</td>
</tr>
<tr>
<td>Current tax receivable</td>
<td>66,372</td>
<td>2,705</td>
</tr>
<tr>
<td>Other assets</td>
<td>49,767</td>
<td>79,769</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>10,269,859</strong></td>
<td><strong>9,807,000</strong></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>138,800</td>
<td>118,587</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td><strong>138,800</strong></td>
<td><strong>118,587</strong></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>10,408,659</strong></td>
<td><strong>9,925,587</strong></td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other payables</td>
<td>2,739,329</td>
<td>2,416,824</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>985,298</td>
<td>843,560</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>2,080,580</td>
<td>2,442,631</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>5,805,207</strong></td>
<td><strong>5,703,015</strong></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>127,547</td>
<td>115,849</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td><strong>127,547</strong></td>
<td><strong>115,849</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>5,932,754</strong></td>
<td><strong>5,818,864</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>4,475,905</strong></td>
<td><strong>4,106,723</strong></td>
</tr>
</tbody>
</table>

### Equity

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated surplus</td>
<td>4,475,905</td>
<td>4,106,723</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td><strong>4,475,905</strong></td>
<td><strong>4,106,723</strong></td>
</tr>
</tbody>
</table>
### STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2018</td>
<td>$4,106,723</td>
<td>$3,938,438</td>
</tr>
<tr>
<td>Profit attributable to members of the entity</td>
<td>$369,182</td>
<td>$168,285</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2019</strong></td>
<td><strong>$4,475,905</strong></td>
<td><strong>$4,106,723</strong></td>
</tr>
</tbody>
</table>

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES:</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from customers</td>
<td>1,124,018</td>
<td>1,263,181</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(16,880,566)</td>
<td>(15,835,916)</td>
</tr>
<tr>
<td>Interest received</td>
<td>147,522</td>
<td>122,673</td>
</tr>
<tr>
<td>Receipts from grants</td>
<td>16,125,394</td>
<td>16,403,182</td>
</tr>
<tr>
<td><strong>Net cash provided by / (used in) operating activities</strong></td>
<td><strong>516,368</strong></td>
<td><strong>1,953,120</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH FLOWS FROM INVESTING ACTIVITIES:</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale of plant and equipment</td>
<td>77,056</td>
<td>3,927</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(124,753)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net cash used by investing activities</strong></td>
<td><strong>(47,697)</strong></td>
<td><strong>3,927</strong></td>
</tr>
</tbody>
</table>

Net increase / (decrease) in cash and cash equivalents held: 468,671 $1,957,047
Cash and cash equivalents at beginning of year: 9,580,225 $7,623,178
Cash and cash equivalents at end of financial year: 10,048,896 $9,580,225
RESPONSIBLE PERSONS DECLARATION

STATEMENT BY THE BOARD OF MANAGEMENT

In the opinion of the board the financial report for the year ended 30 June 2019:

1. Present fairly the financial position of Rural Doctors Workforce Agency Incorporated as at 30 June 2019 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.

2. At the date of this statement, there are reasonable grounds to believe that Rural Doctors Workforce Agency Incorporated is able to pay all of its debts as and when they become due and payable.

3. The financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

Signed in accordance with section 60.15 of the Australian Charities and Not-for-profits Regulation 2013:

Board member

Dr Michael Beckoff (Chair)

Board member

Mr Bill Hamill (Treasurer)

Dated this 23rd day of August 2019
INDEPENDENT AUDIT REPORT 2018 - 2019

Rural Doctors Workforce Agency Incorporated

Independent Audit Report to the members of Rural Doctors Workforce Agency Incorporated


Opinion

We have audited the financial report of Rural Doctors Workforce Agency Incorporated (the Registered Entity), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the statement by the board of management.

In our opinion the financial report of Rural Doctors Workforce Agency Incorporated has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) giving a true and fair view of the Registered Entity’s financial position as at 30 June 2019 and of its financial performance for the year ended; and

(ii) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Registered Entity in accordance with the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.
INDEPENDENT AUDIT REPORT 2018 - 2019

Rural Doctors Workforce Agency Incorporated

Independent Audit Report to the members of Rural Doctors Workforce Agency Incorporated

Responsibilities of Responsible Persons for the Financial Report

The responsible persons of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the responsible persons determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible persons are responsible for assessing the Registered Entity’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible persons determine that liquidation of the Registered Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Registered Entity’s financial reporting process.

Auditor’s Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located on the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilitiesor4.pdf. This description forms part of our auditor’s report.

MOORE STEPHENS

GRAEME RODDA
DIRECTOR

Adelaide
23 August 2019
Acknowledgements

RDWA acknowledges our funding partners:

Australian Government
Department of Health

Government of South Australia
SA Health