



Annual Report 2022-23

CELEBRATING  1998 - 2023



© Rural Doctors Workforce Agency Incorporated October 2023

RDWA ANNUAL REPORT 2022-23

The author reserves copyright in this publication. It may be reproduced in whole or in part for study or training purposes in various formats subject to the inclusion of an acknowledgement of the source. Reproduction for purposes other than those indicated above requires written permission of Rural Doctors Workforce Agency Inc.

Enquiries concerning this publication and its reproduction should be directed to:

Chief Executive Officer
Rural Doctors Workforce Agency
63 Henley Beach Road
Mile End South Australia 5031

T +61 8 8234 8277
E ruraldoc@ruraldoc.com.au

ruraldoc.com.au

Rural Doctors Workforce Agency Incorporated is a non-profit organisation that receives funding from the Australian Government Department of Health and Aged Care, South Australia's Regional Local Health Networks and Country SA Primary Health Network.

RDWA acknowledges the Traditional Custodians of Country throughout South Australia and their continuous and deep spiritual connection and relationship to land, waters, community and Country. We pay our respects to Elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander people.

RDWA supports the Uluru Statement from the Heart.

Contents

Chair's Report.....	2
CEO's Report	4
Strategic Direction.....	6
Support Today's Workforce - Recruit	
GP and RG Recruitment	8
More Doctors for Rural Australia Program	10
Support Today's Workforce - Recruit	
Supporting and Expanding the	
Allied Health and Nursing Workforce	11
Support Today's Workforce - Retain	
RDWA Rural GP Locum Program	12
South Australian Virtual Emergency Service	13
Doctors Health SA – Australasian Doctors	
Health Conference and Rural Retreats	13
Support Today's Workforce - GP & PHC Business Sustainability	14
Support Today's Workforce - RDWA Learn.....	16
RDWA Annual GP Conference and Family Program	18
Support Today's Rural PHC Workforce Scholarship Program.....	19
Grow Tomorrow's Workforce - Attract	20
Rural High School Programs.....	21
Rural University Programs.....	22
Grow Tomorrow's Workforce - Train	
Rural Emergency Skills Program.....	24
Road to Rural Medicine Intern Program.....	25
Delivering Outreach Services to Rural Communities	26
Rural Health Outreach.....	28
Indigenous Chronic Disease	28
Visiting Optometrists Scheme	29
Indigenous Eye Health and Ear Health Programs	30
Outreach Providers	31
Workforce Planning	
Sustaining Rural GP/RG Services	
in Changing Circumstances.....	32
RDWA Staff	35
Board Members	36
Treasurer's Report.....	37
Statement of Financial Position.....	38
Statement of Profit or Loss and Other Comprehensive Income	39
Statement of Cash Flows for the Year Ended.....	39
Independent Audit Report.....	40



25 YEARS OF THE RDWA.

**IT IS MY PRIVILEGE TO BE THE CHAIR OF RDWA,
A POSITION I'VE HELD FOR THE PAST SEVEN YEARS.
AS I REFLECT ON THE FIRST 25 YEARS OF RDWA
I AM TAKEN BACK TO 1998, WHERE IT ALL BEGAN.**

The South Australian Rural and Remote Medical Support Agency (SARRMSA) was born in 1998. The inaugural Chair was Dr David Adams. It was officially launched by the then Minister for Health, the Hon. Dean Brown. Rural workforce agencies' Commonwealth funding came about as a result of the voices of rural doctors across Australia that led to the national recognition of the need to support rural General Practitioners (GPs).

From our inception we also established a partnership with the State Department of Health through their then Country Division as they recognised the crucial role that GPs played in the provision of services in community and in the hospitals. We are very pleased that this partnership, funded by the six rural Local Health Networks (LHNs), remains, as does our funding from the Commonwealth.

In 2000, Dr Richard Mackinnon became Chair of the organisation, Leigh Carpenter was appointed as the CEO, Dr Karen Sumner became the Medical Consultant and remained with the RDWA for over 20 years. In 2001, the organisation changed its name to become the Rural Doctors Workforce Agency (RDWA). Richard remained the Chair until 2017.

It is fair to say that much has changed in the last 25 years. Technology, artificial intelligence, smart phones, and of course Dr Google, have changed the way that the world interacts. One of the most fundamental things that has not changed is the nature of the relationship that exists between health practitioners and their patients, and the value that rural communities place on having those professionals living in their town.

**EQUALLY, OUR RELATIONSHIP WITH
RURAL COMMUNITIES AND OUR CONTINUED
FOCUS ON ADVOCATING FOR COUNTRY SOUTH
AUSTRALIANS, HAS NOT WANED.**

At a national level, we stand with the other rural workforce agencies as a network who combine to argue for resources for rural Australia, and we deliver programs funded through our national network.

David's Reflections

Twenty-five years ago, there were 331 doctors working in rural South Australia (SA) and the average age of GPs was 46 years. Women GPs made up 19% of the workforce, with over 70% of rural GPs being born in Australia. Today, the average age is 52 years,

**THERE ARE 630 GPS AND GP REGISTRARS
WORKING ACROSS COUNTRY, 42% ARE FEMALE
AND THE PERCENTAGE OF AUSTRALIAN TRAINED
DOCTORS IS 55%.**

Our international recruitment efforts have been in place for over 20 years. During that time,

**WE HAVE WELCOMED 550 INTERNATIONAL
DOCTORS INTO OUR RURAL TOWNS.
WITHOUT THEM, COUNTRY WOULD NOT BE
WHAT IT IS TODAY.**

During the 25 years many things have changed. Regional training organisations were born and we worked closely with them to support GP registrars during their training. Twenty years later and the training has been returned to the Colleges and we continue to work with them to ensure South Australia is well represented in the training numbers for our State.

Services provided by RDWA have never been more expansive than they are now. Twenty years ago, we were funded to provide the new Medical Specialist Outreach Assistance Program. This program allowed us to provide support to visiting specialists across country South Australia. Over the years that program has become the Rural Health Outreach Fund and sits alongside other outreach programs that RDWA continue to administer including the Visiting Optometrist Scheme and programs specifically targeted to improve Indigenous health outcomes including Medical Outreach Indigenous Chronic Diseases Program, Healthy Ears – Better Hearing, Better Listening and Eye and Ear Surgical Support. These programs provide the supports to the Specialists and Outreach providers to travel the length and breadth of country South Australia, delivering over 30,000 occasions of service each year. They are a significant contributor to the services that are delivered by the Aboriginal Community Controlled Health Services, to support their communities.

The recruitment and retention of GPs has always been at the heart of our work. Our locum program has delivered thousands of weeks of support to our resident GP workforce. We continue to provide education and training to our GPs to assist them in maintaining their skills and gaining new ones. From the beginning we had a focus on Doctors Health with our Dr DOC program lead by Dr Roger Sexton. We also recognised the need to support rural high school students to help them find their way to university to study medicine. Our partnership with the Royal Flying Doctor Service (RFDS) to provide the Ride Along Program was there from the beginning. Those programs continue to be an important part of our offering.

Seven years ago we launched our Road to Rural (R2R) Intern Program and over that time, the program has grown from two rural general practice placement options to 10. These partnerships with rural general practice has enabled us to have 50 Interns a year spending 10 weeks working alongside our rural GPs and Rural Generalists (RGs). It's a major influencer for junior doctors when they are considering their chosen specialty. In the same year we began the planning for the South Australian Virtual Emergency Service (SAVES) program. The program was the brainchild of Dr Peter Chapman. It was Peter's passion for all things technology that led to the development and implementation of our SAVES program. We were happy to partner and support the procurement of equipment and the roll out of this program across country South Australia. The program has continued to grow and has provided respite for resident doctors who no longer have to come to the hospital for every emergency presentation and, as importantly, it has provided a great deal of support to the nursing staff working in the rural hospitals, who can access a GP from 7pm to 7am every night of the year.

**IN 2017, THROUGH OUR NEGOTIATIONS
WITH THE COMMONWEALTH, WE ACCEPTED
A NEW CONTRACT THAT SAW US EXPAND OUR
ACTIVITIES TO INCLUDE ALLIED HEALTH AND
NURSING, AS PART OF THE BROADER PRIMARY
HEALTHCARE WORKFORCE.**

Coupled with the Rural Health Workforce Scholarships Program, this has allowed us to provide significant support to a large proportion of the workforce who had had very little support up to that point in time.

There have been a lot of people that we have worked closely with over our time, thank you to our partner organisations, who have worked with us to support and enhance our rural workforce. We thank the rural communities for their support and for warmly welcoming new providers into their towns.

I thank our funders both the State and Commonwealth for their ongoing support over our 25 years.

I thank our Board members, past and present, for their commitment and passion for rural health, and I thank the staff of the RDWA. We have been fortunate to have maintained a stable and highly skilled Executive team.

And finally, on behalf of the RDWA, let me thank every rural General Practitioner, Rural Generalist, GP registrar, doctor in training, every Outreach provider, every Aboriginal Health Worker and Aboriginal Health Practitioner, every nurse, every midwife and all allied health professionals, for their contribution to the wellbeing of rural South Australians. We look forward to working with you all in the coming years.

Dr Mike Beckoff | RDWA Chair



**FOR THE RDWA THIS
HAS BEEN A YEAR OF DELIVERY.**

Our programs and activities are designed to attract, train, recruit and retain a primary health care workforce.

We also provide an extensive range of Outreach programs including the Rural Health Outreach Fund and a range of Indigenous programs delivered in partnership with the Aboriginal Community Controlled Health Services (ACCHS).

WE HAVE DELIVERED OVER 28,000

OCCASIONS OF SERVICE THROUGH OUR OUTREACH PROGRAMS.

We recruited and supported 32 GPs and welcomed 16 registrars who Felloved and remained in rural practice.

We supported 32 nurses and allied health providers to commence work in country.

We delivered 4,375 consults through our SAVES program which operates every night of the year.

The development of our Learn platform saw 507 GPs, nursing, allied health providers and Practice Managers register to undertake virtual professional development sessions.

Over 95 GPs attended one of our face-to-face medical professional events.

There were 110 GPs who attended one of our Rural Emergency Skills Program (RESP) ensuring that our Rural Generalists and GPs maintain their emergency skills and their Obstetric and Anaesthetic credentials.

We provided nearly 500 Scholarships and Bursaries to support our resident workforce to undertake training and education.

We provided the opportunity for 50 Interns to spend 10 weeks in a rural practice.

All these activities contribute to maintaining and growing our rural workforce.

It is also true to say that it is not enough.

The demand for access to services far outstrips supply. Our Outreach programs are at capacity and at risk of reducing due to rising costs in programs that are not funded in a way that recognises inflation and the exorbitant post pandemic increase in the cost of flights.

The evidence is clear when we look at the demand for additional workforce in the Rural Generalist and Rural GP market. Despite the increase of 32 new doctors and 16 registrars who Felloved and remained in country, rural SA needs at least 50 new doctors a year for the next five years in addition to the registrars training in our rural practices. This assumes we have the capacity to provide the supervision needed to support these doctors.

Even with these numbers we cannot achieve sustainable solutions for our remote small communities.

The absence of any alternative models and funding to create safe affordable training and supervision environments means we must source GPs who require little or no supervision from the highly competitive international market.

We also need to recognise that Medicare as the source of funding will mean that these small locations will always struggle to afford enough doctors to provide services both in practice and their local hospital and teach and supervise, it is too much to ask.

These structural and policy issues are yet to be tackled at a national level.

RURAL PEOPLE DESERVE TO HAVE ACCESS TO

HEALTH SERVICES IN A TIMELY WAY DELIVERED

BY A PROFESSIONAL WELL SUPPORTED WORKFORCE.

With the demand on GP services also presenting challenges in the metropolitan areas and the ability now for them to have access to International Medical Graduates (IMGs) under exceptional circumstances through the Distribution Priority Area there has never been a more important time to create a point of difference to attract these doctors to rural areas.

We know that these doctors coupled with our registrars who train and stay in country have provided invaluable service to rural people. Over the past 25 years the number of Rural GPs and Rural generalists have doubled we now have 630.

We will need another 250 in the next five years to meet the demand for service and to accommodate the generational change that affords our workforce having a balance in their work and lifestyle.

We look forward to working with both the State and Commonwealth Governments to build an expanded sustainable rural workforce to provide primary health care services to all the people in country South Australia who so richly deserve it.

Lyn Poole | CEO

Strategic Direction

The Board launched the organisation's new Strategic Direction to align with the 25-year milestone, affirming RDWA's purpose in attracting, supporting and retaining a dynamic and strong primary health care workforce that serves the health and wellbeing of SA's rural and remote communities.

**THE NEW STRATEGIC DIRECTION
HAS SET THE VISION,
PRINCIPLES, AIMS AND KEY FOCUS AREAS
FOR THE FOUR YEARS THROUGH TO 2026.**

RDWA aims to change perception about rural primary health practice by providing positive rural experiences that influence health discipline students and junior doctors to choose rural practice, and to create more opportunities to join rural practice for experienced clinicians.

By working with the Aboriginal Health Council of SA Ltd and SA's ACCHS, we will contribute to First Nation people's health care access and support the local health workforce delivering that care.

We will work with specialist and primary care services to increase access for SA's rural populations to services in their local areas through our outreach programs.

Fostering and growing professional development opportunities and events will be a key focus for ensuring health professionals have access to contemporary and relevant ongoing education, and we will support individuals and practices to develop local solutions for their health workforce needs.

We will expand our support for innovation in local health care and publish data and information that contributes to quality evidence for local planning and workforce development.

Our service achievements and activities will be reported across the four years in a consistent manner to enable performance comparison over time.

**THIS ANNUAL REPORT
IS THE FIRST STRUCTURED IN THE
KEY FOCUS AREAS FORMAT.**

SUPPORT TODAY'S
WORKFORCE -

Recruit

GP and RG RECRUITMENT

At any point in time, we are working to recruit doctors for 60 vacancies for general practices in country SA. In doing that, we are working with anywhere between 100-150 individuals who may be contemplating a job in SA's country towns.

The vast majority of these doctors are International Medical Graduates (IMGs) and most of those doctors are IMGs who are already onshore. Our recruitment efforts have not been helped in recent times by the Australian Government's decision to make all Modified Monash Model (MMM) 2-7 towns eligible for Distribution Priority Area (DPA) status which gives more access to near metropolitan and large towns for doctors who might otherwise work in SA's smaller rural locations.

In addition to this, the Australian Government has used the DPA Exceptional Circumstances mechanism to grant many metropolitan locations DPA status. This means that international doctors can choose from a large number of outer metropolitan areas to work. There is a decided lack of policy recognition and support to create a point of difference when trying to recruit doctors to rural locations.

One point of difference though is RDWA's recruitment service which offers significant supports to the doctors through our personalised case management service, relocation grants, orientation grants, and access to education to ensure that doctors have the skills, and can be credentialled to undertake hospital-based work as well as private general practice services.



**WE HAVE SUCCEEDED IN PLACING 32 DOCTORS THIS YEAR,
EIGHT OF WHOM ARE FELLOWED GPs.**

We also welcomed 16 doctors who have Fellowed through the Australian General Practice Training program and remained in rural practice.

Aside from trying to meet the requirements of rural practices who have an unquenchable thirst for more GPs and RGs), brought about by the ageing populations that they serve and the volume of activity in addressing chronic disease, our greatest challenge is to find suitably qualified GPs and RGs to work in the smaller remote communities.

Our best option in trying to fill these positions is to attract offshore doctors who already hold an international Fellowship and are able to work in Australia with either remote supervision or no supervision requirements. Aside from the difficulty of finding these doctors in a very competitive international market, it is a very long process between the time of attracting these doctors, to them arriving and commencing work onshore. Without exception, each time we have achieved this, it has taken a minimum of 12 months for us to support the process through to them starting work in their new practice.

The Kruk Review commissioned by the Australian Government is an Independent Review of the Health Practitioner Regulatory Settings. The interim report, released in April 2023, gave some hope that the system processes could be more efficient without in any way reducing the standards required for one to commence work as a doctor in Australia. We have supported many of the recommendations as this should reduce timeframes for new doctors starting work in rural SA towns.

Our recruitment service also supports new doctors who plan to start or have started work directly into their new practice to ensure that all GPs and RGs recruited to country South Australia receive support, both financial and personal, to relocate to one of our rural communities.

Five Year IMG Recruitment Scheme

The Five Year IMG Recruitment Scheme has been in place for many years and remains an important incentive program for doctors who obtained their first medical qualification overseas.

The Scheme allows workforce agencies to identify priority locations which reduce the period of the Medicare moratorium. This is now the only remaining lever available to us to create any point of difference for those doctors wishing to significantly reduce their moratorium. It allows us to prioritise towns where recruitment is difficult, either as a result of the location and the size of the practice. By and large these are smaller communities who struggle to attract a GP workforce.

**THIS YEAR WE HAD
16 DOCTORS PARTICIPATING
IN THE SCHEME.**

MORE DOCTORS FOR RURAL AUSTRALIA PROGRAM

The More Doctors for Rural Australia Program (MDRAP) has continued as a significant pathway for doctors to join rural general practice as a pre-Fellowship option for doctors who want to start working in rural general practice.

There has been a substantial change to the Fellowship pathway with the Royal Australian College of General Practitioners (RACGP) now offering the Fellowship Support Program (FSP) as a replacement for the RACGP Practice Experience Program.

This means doctors coming into MDRAP will need to stay longer on the program because the intake for the FSP only occurs twice a year and doctors must have reached at least AHPRA Level 2 supervision to be eligible to participate in the program. The cost of the FSP has also risen dramatically and is even more expensive if the doctor on the program does not have an RACGP recognised supervisor in their location.

The Rural Workforce Agency Network is in discussion with the Commonwealth Department of Health and Aged Care about creating incentive programs to support International doctors and Australian doctors without Fellowship, to have access to funding to support them from recruitment through to Fellowship.

TO UNDERSTAND THE SIGNIFICANCE OF MDRAP AS A RECRUITMENT PATHWAY WE ONLY NEED TO LOOK AT THE NUMBERS. DURING THE YEAR, 33 DOCTORS WORKING IN RURAL SA PARTICIPATED IN MDRAP. OF THOSE, 17 WERE NEW ENTRANTS TO THE PROGRAM. TEN DOCTORS SUCCESSFULLY JOINED A FELLOWSHIP PATHWAY - EIGHT ON THE RACGP PRACTICE EXPERIENCE PROGRAM; ONE ON THE NEW RACGP FELLOWSHIP SUPPORT PROGRAM AND ONE ON THE AUSTRALIAN GENERAL PRACTICE TRAINING PATHWAY.

The new participants were located in the South East, the Mallee, Barossa, Far North, Yorke Peninsula and Fleurieu, with two doctors located in remote locations on the Eyre Peninsula and Far North.

AOGP, in partnership with the RDWA, provides learning and development support to all doctors on the MDRAP program on an ongoing basis. Doctors are supported with a learning plan, they meet with other MDRAP doctors online for fortnightly webinars, meet with medical educators, and come together in person for workshops were held during the year which focussed on consultation skills, exam preparation and continuing professional development.

Several practices who have previously participated in the MDRAP program, supported new doctors on the program again this year, and we thank all supervisors and practices for their ongoing support and contribution to this program.

In June 2023, the Department of Health and Aged Care advised that the MDRAP program would cease and be replaced by a new pre-Fellowship program, to begin in 2024.

SUPPORT TODAY'S WORKFORCE - Recruit

SUPPORTING AND EXPANDING THE ALLIED HEALTH AND NURSING WORKFORCE

RDWA supported the recruitment of 38 allied health and nursing professionals into rural locations during the 12-month period. Most of these were new graduates supported to transition from university to their first professional job. The range of disciplines included podiatry, physiotherapy, psychology, social work, occupational therapy, speech pathology, dentistry, pharmacy, dietetics, audiology, nursing and optometry.

**NEARLY HALF THE 18 TOWNS WHERE THESE NEW HEALTH PROFESSIONALS
ARE WORKING ARE IN SA'S MOST REMOTE LOCATIONS (THOSE CLASSIFIED
AS MODIFIED MONASH MODEL LEVEL 6 & 7). THESE TOWNS NOW HAVE
IMPROVED ACCESS TO DENTISTS, A DIETITIAN, PHARMACISTS,
PHYSIOTHERAPISTS AND A NURSE.**

One of the most valued strategies is providing funding for new recruit to support the costs of relocating to a rural community. The funding RDWA provides to eligible recruits supports new graduates and experienced health professionals to start their new roles without major financial barriers associated with moving to a rural location.

The people who received grants told us that what they enjoy most about living and working in country SA include the country lifestyle, broad clinical exposure, and community connections through sport and other social activities. They overwhelmingly reported that rural primary health care practice provided an opportunity for broader clinical exposure than metropolitan roles.

Our recruitment services also support SA's rural private primary health care (PHC) employers to list their job vacancies during the advertising campaigns we run promoting working in PHC in rural SA. These campaigns target students who are about to complete their studies and graduate at the end of the university year.

Strong connections into employers and practice owners help raise awareness for the level and type of support that RDWA provides and assists employers to promote their job packages.

SA's rural PHC employers have developed excellent career progression pathways for new graduates, including ongoing support for professional development and support for accreditation and registration which makes them an attractive option for new graduates.

SUPPORT TODAY'S
WORKFORCE -

Retain

RDWA RURAL GP LOCUM PROGRAM

The RDWA Rural GP Locum program provides locum support to rural GPs and RGs to have time away from their practice, with priority for GPs and RGs where there are fewer providing emergency, anaesthetic and/or obstetric services to the local community and hospital. Across 2022-23 the program continued to play an important role in the strategy to retain resident GPs and RGs in rural South Australia.

At the start of the year, a number of different factors resulted in an unprecedented low number of locum placements delivered, however we were pleased to see the levels of support return to normal during the second half of the year. Across the year, we filled on average 75% of requests.

The demand for locum support for rural GPs and RGs providing procedural skills in obstetrics and/or anaesthetics continued to be strong.

We have a loyal group of rural GPs/RGs who have continued to work with us to deliver these vital services. Where we could not meet some of the needs of with our workforce, we contracted others to support the placements. We also rolled out a subsidy program for eligible rural GPs/RGs to support leave where we could not provide the workforce.

COLLECTIVELY, THIS PROVIDED 150 WEEKS

OF LOCUM PLACEMENT SUPPORT INTO RURAL SA.

To continue to deliver a high-quality program, it remains important that we are responsive to changing needs in South Australian rural general practice and that our locums are supported with timely training and education.

In September, the locum team came together for In Service, the annual week-long continuing education event, to refresh skills and participate in updates on clinical and compliance topics relevant to the role of the rural GP locum.

Thank you to Dr David Adams, who continued in his role as Clinical Advisor for the RDWA Rural GP Locum Program, providing invaluable advice to the delivery of the program, as well as support to the rural GP locum team.

Across the year David continued to lead peer review discussions with the locums, enabling the group to meet regularly over a virtual platform. These case-based discussions, alongside In Service, ensured that the locum team remained contemporary in practice and also supported them to meet the ongoing CPD requirements for registration.

WE THANK OUR DEDICATED TEAM OF RURAL GP LOCUMS FOR THEIR

COMMITMENT TO BEING ON THE ROAD, DELIVERING CARE THROUGHOUT

SOUTH AUSTRALIA'S RURAL COMMUNITIES.

We also wish to acknowledge Doctors Greg Crafter and Graham Nicholson who retired from the Locum program during the year.

South Australian Virtual Emergency Service

South Australia's Virtual Emergency Service (SAVES) celebrated its sixth birthday in February 2023, and we are delighted the regional Local Health Networks have recognised SAVES contribution every night of the year for more than 30 rural hospitals by committing to fund SAVES into 2025.

This commitment gives everyone certainty to continue to rely on the experienced RG running SAVES overnight for patient presentations in local accident and emergency departments.

The number of patients our SAVES RGs have provided care for has continued to increase year on year – and this year that increase was again 10% compared to last financial year.

**SAVES RGS CARED FOR 4,375 PATIENTS THIS YEAR –
4,000 OCCASIONS THAT THE LOCAL ONCALL GP/RG DID NOT NEED
TO ATTEND THE LOCAL HOSPITAL TO SEE PATIENTS OUTSIDE OF HOURS.**

This is the core purpose of SAVES – to relieve the local GPs and RGs from attending the hospital between 7pm and 7am to see patients who can be assessed and cared for by local nurses in consultation with the SAVES medical staff, or if needed, assist with arranging for MedStar retrieval.

Local GPs/RGs can then continue to deliver their general practice and hospital services the following day, knowing they have not had to have a disrupted night for services that SAVES can support.

**RDWA IS PROUD OF WHAT WE HAVE BEEN ABLE TO ACHIEVE WITH THE SAVES SERVICE
AND WE LOOK FORWARD TO PROVIDING ONGOING VIRTUAL EMERGENCY CARE FOR OUR
RURAL COMMUNITIES IN SA INTO 2025 AND BEYOND.**

Doctors Health SA – Australasian Doctors Health Conference and Rural Retreats

RDWA was delighted to support Doctors Health SA as a major sponsor of the Australasian Doctors Health Conference hosted by Doctors Health SA in Adelaide in December 2022. The high-quality program attracted participants from across Australia and internationally. Medical students through to doctors with many decades of experience, came together to discuss and learn about strategies for managing health and wellbeing throughout their careers.

Our partnership with Doctors Health SA has continued to support Doctors Health SA to deliver Rural Doctor Retreats which have always been highly valued by SA's rural GP/RG workforce. Two retreats were held this year, one in February and one in May 2023. The weekend provides rural GPs/RGs and their partners opportunity to focus on their health and to develop strategies and plans to maximise their wellbeing. The residential events are facilitated by two psychologists who have been delivering the program for many years.

TWENTY GPs AND THEIR PARTNERS ATTENDED ACROSS THE TWO EVENTS.



SUPPORT TODAY'S WORKFORCE - GPs PHOs BUSINESS SUSTAINABILITY

RDWA's retention support strategies recognise the barriers small health practices encounter when they want to expand patient services and innovative concepts lapse due to cost of implementing new initiatives. That's where our business support grants have made a major contribution to increasing capacity for patient care.

One hundred and eighteen grants were awarded this year for a total funding base of just under \$500,000.

BASED ON THE PLANNED IMPROVEMENTS THIS INITIATIVE

WILL HAVE CONTRIBUTED TO INCREASING PATIENT CONSULTATIONS

BY MORE THAN 60,000 ANNUALLY ACROSS SA.

We continued to provide practices with advice and support for medical services agreements management, supporting practices in Limestone Coast, Fleurieu, Flinders and Upper North, Mid-North. To enable information and education on managing these types of agreements, we made our recorded session with the legal team at Piper Alderman available 'on demand' in RDWA Learn to rural practice managers and GPs.

Rural Practice Managers Education Grant

Providing incentives and financial support for increasing the professional skill set of practice managers, and the future workforce being trained as part of succession planning, are important short to medium term strategies that significantly impact viability and sustainability of rural private PHC practice.

Within \$100,000 of grant funds, we supported 21 allied health, general practice and ACCHS practice managers to learn new business skills through formal education courses including financial, human resource and medical/allied health business management.

Cultural Competency Grants

Cultural competency grants enable PHC professionals and the administrative staff supporting private practice to receive funding for online or in person cultural competency education to support culturally safe practice for communities. Seventeen grants were made to staff in allied health practices, including the disciplines of physiotherapy, speech pathology, optometry, exercise physiology and podiatry.

Pre-School Child Care Subsidy

The Rural GP Pre-School Child Care Grant helps support GPs to work in rural practice by assisting with some of the costs associated with child care for their pre-school aged children. For many people living in rural areas, the childcare facilities and services available in metropolitan areas simply do not exist in the country, and private childcare arrangements are expensive. Across the 2022-23 year, the GPs who received this grant, who are primarily women, have been supported to be able to deliver health services for 15 rural communities. Costs for a total of 25 pre-school children in childcare were subsidised to a total of \$22,500.

Rural GP CPD Subsidy

RDWA's Continuing Professional Development (CPD) subsidy provided support for individual rural GPs to maintain their currency of practice required for professional registration, recognising that the costs of travel for rural GPs to attend education activities can be significant depending on distances travelled. Funding was provided to subsidise costs incurred by resident rural GPs and private specialists to take part in accredited professional development activities and support the achievement of CPD registration requirements. Activities supported included advanced life support and emergency management training, obstetric shared care accreditation, RESP workshops, CRASH critical care workshops, professional conferences, dermatology workshops and cardiac updates.

OVER HALF OF THE GPs SUPPORTED WERE FROM MMM 5 TO 7 RURAL LOCATIONS. THE TOTAL GRANTED WAS \$26,200.

GP Partner Grants

Rural Resident GP Partner Grants aim to extend the support for rural GPs/RGs by recognising their partners and the significant role they have in enabling the GPs to practice rural medicine.

Twenty two rural resident GP Partners who received a Resident Rural GP Partner Grant in June 2022 have undertaken a diverse range of activities during 2022-23 including obtaining a truck licence, the establishment of an online art business, support for full registration as a psychologist, conference attendance, certificate and tertiary studies, exam preparation and the establishment of a child care business. The feedback from recipients of the Partner Grants is overwhelmingly positive and highlights the important impact the support has for the partners and their families.

THE PARTNER GRANT OPPORTUNITY RUN IN 2023 ATTRACTED RECORD LEVELS OF INTEREST, AND WE WERE ABLE TO PROVIDE A TOTAL OF 21 GRANTS WITHIN THE FUNDING ALLOCATIONS.

A total of \$58,600 was granted for a range of highly diverse partner support activities, all of which were required to demonstrate an increased commitment to the local community as a primary aim.

Anaesthetic Peer Review

We funded Rural Generalist Anaesthetists (RGAs) to participate in a new RGA peer review initiative with a panel of SA's RGAs acting as peer reviewer. LearnEM managed the delivery of the initiative – and nine reviews were completed to support SA's RGAs to achieve their CPD obligations. Feedback from RGA reviewers and RGAs was extremely positive.

SUPPORT TODAY'S
WORKFORCE -

RDWA Learn

RDWA's continuing professional development (CPD) programs for the rural primary care workforce delivered CPD activities to 422 GPs/RGs, allied health professionals, nurses and Aboriginal Health workers through RDWA Learn during 2022-23.

The RDWA Learn platform has become a significant resource for the workforce, with materials for a broad range of learning opportunities. Working with a group of highly experienced clinical subject matter experts, we expanded the RDWA Learn program this year to include online learning for clinical and business-related topics relevant for health practitioners, and face-to-face clinical training.

RDWA brought the new Medical Registration Standard for CPD into the organisation's Triennium Accreditation Framework. As part of this, we have built capacity and knowledge across the three mandatory elements of - educational activities, assessing performance and measuring outcomes. This supports the GP workforce in their new obligations to complete activities for specified minimum hours in each of the three domains.

Locally delivered CPD

GPs/RGs were offered opportunities to participate in learning activities that are accredited with RACGP and ACCRM through online webinars and face-to-face education events delivered as a series of educational evenings that included dinner and networking. We hosted three six-part webinar series during the year, one three-part webinar series, and RDWA's subject matter experts delivered the multi-topic program in Port Augusta, Mount Gambier, Nuriootpa, Ceduna, Port Lincoln, Berri, Clare, Kadina and Naracoorte.

Allied health and nursing professionals and Aboriginal Health workers were included in the multi-disciplinary education events held in Port Augusta, Mount Gambier, Ceduna, Port Lincoln, Wallaroo, Berri and Nuriootpa. These events focused on priority health topics that are relevant across disciplines, including diabetes management and mental health, and provided an opportunity for the participants to network with their local clinical peers.

The RDWA Learn platform enables all presentations and resources developed for webinars and face-to-face education to be accessed on-demand by rural practitioners who have an interest in the topics offered. This increases the reach across country and enables access to information for people who are not able to attend the webinars or live events.

Diabetes Management

Dr David Jesudason (MBBS, FRACP) worked with RDWA to develop education on Diabetes Management in general practice. The training was provided as a six-part webinar series and for face-to-face events to provide rural GPs/RGs with the latest evidence-based approaches to diabetes management in general practice.

Dr Jesudason is an Endocrinologist and head of Endocrinology Unit at The Queen Elizabeth Hospital. He also works extensively across Aboriginal health clinics in Ceduna, Port Augusta and Yalata as one of RDWA's long-standing Outreach providers and has been involved in GP/RG education for many years, and we thank Dr Jesudason for supporting us in the set up and expansion of RDWA Learn.

Paediatrics

The consultants at Adelaide Paediatrics work across multiple locations in rural South Australia to deliver Outreach services throughout the year. This year, they joined forces with RDWA to develop and deliver a six-part webinar series for RDWA Learn on a range of topics covering common paediatric presentations in general practice, and then brought all six topics to the locations they visit regularly.

Our thanks to the Adelaide Paediatrics team who worked on this series with us while also expanding visiting Paediatric services this year - Dr Anthony Chitti, Dr Vanessa Brooks, Dr Louise du Plessis, Dr Nigel Stuart and Dr Daham de Silva.

Cardiology

We would like to recognise the decades long contribution of Dr Phil Tideman to improving rural cardiology services, care for rural patients and support for SA's rural GPs and RGs, and his many contributions to cardiology service and education through his work in Outreach and our CPD programs.

Dr Tideman passed away late this year. He had continued to work on our Cardiology Updates for rural GPs and Registrars until the time of his death, and he made a passionate presentation at our Annual Conference.

Dr Tideman was the Clinical Director of Cardiology and the Integrated Cardiovascular Clinical Network SA (iCCnet SA), Senior Consultant Cardiologist at Flinders Medical Centre and outreach Cardiologist with RDWA.

He spent 25 years building an extensive clinical cardiology network in the southern metropolitan and country areas of South Australia, particularly in the Limestone Coast, Riverland Mallee Coorong, Eyre and Far North and Flinders and Upper North rural LHNs as well as a Population Health and Health Services cardiovascular research program at Flinders University, and in the former Country Health SA and Southern Adelaide LHN. His commitment to country SA is enduring.

Dermatology

Dr Lachlan Warren is always warmly welcomed by his rural GP colleagues when presenting Dermatology education at RDWA conferences, our annual locum in-service events, and as part of the medical professional development we offer each year. This year, Dr Warren delivered six face-to-face education evenings to provide an overview of recent advances in the assessment and management of skin disorders.

In addition to his private practice with Dermatology SA, Dr Warren visits Ceduna as an RDWA Outreach provider, and also Royal Darwin Hospital on a regular basis to provide consulting services throughout the Northern Territory. Dr Warren is deeply committed to rural medical services, teaching medical students and specialist trainees.

As part of the Dermatology series, Dr Warren's colleague, Dr Emma Ryan presented at one of the sessions to talk about paediatric dermatology. Dr Emma Ryan works as a visiting specialist at the Royal Adelaide Hospital, the Women's and Children's Hospital and the Alice Springs Hospital. She is a medical and surgical dermatologist who is passionate about children's health and medical education, lecturing medical students and supervising dermatology registrars.

Respiratory Care

We welcomed Dr Shah Mohd Shif, who is a Respiratory and Sleep Physician, to join our workforce of Outreach providers in 2021. Dr Shif was so well received at our annual GP conference that we invited him to work with us to develop a Respiratory series for RDWA Learn. This year, he delivered a three-part webinar series and provided face-to-face education in two rural locations. Covering the topics of Asthma, COPD and Long-Covid, the education provided practical evidence-based approaches to diagnosis and treatment of these common respiratory presentations in rural general practice.

Mental Health

GPs, allied health and nursing professionals identified mental health topics are high on their list of learning needs. To support mental health education across these disciplines, Dr Cate Howell worked with us to develop a six-part webinar series on mental health that is tailored for rural general practice. She then delivered face-to-face training in six rural areas for allied health and nursing professionals that provided evidence-based training in the use of practical tools to support patients with mental health needs.

Dr Howell is a GP, therapist, educator, speaker and author with over 30 years of training and experience in the health area, and a special interest in mental health. Her understanding of rural medicine and the challenges for rural communities to access mental health care provided valuable insights for health professionals who were able to participate in this series.

Business Education

Business education is a key plank in RDWA's retention strategy and contributes to the sustainability of rural health practices. This year, we were pleased to be able to offer four live on-line business education sessions aimed at supporting practice owners and staff through the delivery of high quality and useful information, education and resources to assist primary health care practices to successfully run their businesses. The Business Education Series included topics on work health and safety, bullying and harassment and performance management.

The logo features a large, stylized yellow 'L' shape on the left. Inside the top part of the 'L' is a white square containing the text 'RDWA ANNUAL' in black, uppercase letters. To the right of the 'L' and below the white square, the letters 'GP' are written in a large, bold, yellow serif font. Below 'GP', the word 'Conference' is written in a large, yellow, lowercase serif font. At the bottom, the words 'AND FAMILY PROGRAM' are written in a bold, black, uppercase sans-serif font.

RDWA ANNUAL GP Conference AND FAMILY PROGRAM

This year we celebrated 25 years of supporting rural South Australian GP conferences, which was the theme for the Annual Rural GP Conference held across two days in May at the Adelaide Convention Centre.

The program comprised two days of educational activities, including a pre-conference Exam Preparation Workshop for non-VR doctors, and a 25-year birthday celebration dinner for RDWA on Saturday night.

The conference program featured a range of presentations from clinicians who provided structured education sessions contextualised to rural general practice, including dermatology, tackling challenges in remote eye care, cardiology, paediatrics, mental health, kidney care for Aboriginal and Torres Strait Islander people and pain management, as well as reflections on the last 25 years, including the contributions of international medical graduates to rural medicine in SA.

A total of 74 GPs attended the conference across the two days – 65 on Friday and 62 on Saturday.

Our annual family program was run on the Saturday, with 18 rural GP partners and 28 children enjoying a fun-filled full day program at the Adelaide Zoo.

SUPPORT TODAY'S RURAL PHCW work force SCHOLARSHIP PROGRAM

RDWA offers the opportunity for GPs, allied health professionals, nurses and Aboriginal Health workers to apply for scholarship and bursary funds to support their ongoing professional development. This year we awarded a record number of 548 grants as either a scholarship or bursary, all of which will enable a rural primary health care professional to better meet an identified clinical need in their local community.

Scholarships

Scholarships are made available to support post-graduate studies. Funding can be used for course fees, travel and accommodation.

**A TOTAL OF 125 SCHOLARSHIPS WERE
AWARDED FOR POST GRADUATE STUDY IN
AN IDENTIFIED CLINICAL NEED AREA.**

Total funds awarded was \$630,000. The majority of course scholarship applications were for graduate certificates, with masters and graduate diplomas comprising most other applications.

More than half of the scholarships were awarded to rural GPs/RGs followed by 19% to support nursing professionals and 13% to support mental health clinicians. Throughout the year, 59 previous year scholarship recipients completed their studies. All scholarship recipients have an obligation to remain practising in rural locations for specified periods as a condition of their scholarship.

Bursaries

Bursaries support upskilling through attendance at conferences, seminars, workshops, webinars, and short courses, as well as a targeted initiative to support professional development for provisional psychologists.

**THIS YEAR WE AWARDED 423 INDIVIDUAL
BURSARIES, FOR A TOTAL OF \$805,000.**

The majority of bursaries were awarded for short courses, followed by conference attendance, and support for provisional psychologists. Physiotherapists received 33% of the bursaries awarded, with 17% of bursaries awarded to mental health clinicians followed by 12% to support nurses/midwives and 8% to support general practitioners.

Throughout the year, 301 previous and current bursary recipients completed their funded activities.

Aboriginal and Torres Strait Islander Workforce

Six of the total scholarships awarded and 20 of the total bursaries were awarded to primary health care workforce in Aboriginal Community Controlled Health Services for total funds of \$72,000.

**THE HEALTH WORKFORCE SCHOLARSHIP PROGRAM IS A FANTASTIC
RECOGNITION AND VALIDATION OF OUR RURAL WORKFORCE, AND
CONTRIBUTES TO ENSURING THAT RURAL COMMUNITIES HAVE ACCESS TO A
HIGH QUALITY HEALTH WORKFORCE.**

GROW TOMORROW'S WORKFORCE - Attract

RDWA's attraction strategies span a range of programs and services that are aimed at positively influencing high school students living in rural SA to consider a health career, and impacting decisions that university medical students and interns make about pursuing rural medicine and GP training as a career of choice.

Opportunities to experience rural medicine comprise a key part of the attraction strategy, many of which have become iconic programs delivered for over a decade, with some new activities emerging in recent years. These experiences create connections with the rural workforce and rural communities that have an intrinsic and perpetuating value long after the event, providing students with a real life perspective on the potential for a rewarding career in rural medicine.

The launch of our R2R Medicine brand in late 2022 brings together all the information, opportunities, and experiences that are available for high school students, university students, and interns to explore the potential for a rural medicine career.

**OUR NEW R2R MEDICINE WEBSITE IS A PLATFORM
THAT UNPICKS THE MYSTERY OF A RURAL MEDICINE CAREER
COVERING EVERY STEP FROM DREAMING ABOUT BEING A
DOCTOR WHEN YOU ARE IN HIGH SCHOOL.**

This single digital channel is gateway to comprehensive information on supports, grants, pathways, and testimonials/stories of those who have come before, with some insider tips and tricks.

The R2R website has featured at multiple student and university events during the period to raise awareness about the range of information, funding, experiences and supports available for students and junior doctors to pursue careers in rural medicine.

Rural High School Programs

The programs offered for rural high school students are aimed at providing useful information, support and encouragement for students with an interest in medicine to achieve their future career goals.

Activities are planned to coincide with the academic year, and offer students in years 10, 11 and 12 the opportunity to plan ahead and prepare for the next steps along the pathway to applying for medical school.

R2R Medicine Ambassador Program

The R2R Medicine Ambassador Program was developed with the University of Adelaide Rural Clinical School this year and launched in February 2023. Coinciding with the formalisation of the partnership with the university, 31 fifth year medical students nominated to participate as R2R Ambassadors this year.

The program is designed to create an opportunity for rural high school students to engage with medical students who share their personal experience of applying and being accepted to medical school. Students are encouraged to consider medicine as a real career possibility and are provided with valuable information about the support they can access.

The response from high schools to the R2R Ambassador program has been overwhelmingly positive and 25 high schools across rural South Australia will host visits before December 2023.

The high school visits are aimed at students in years 10, 11 and 12 and the R2R Ambassadors talk about prerequisites to apply for medical school, their own personal experience through the application and acceptance process, what university life is like, and their long term career aspirations.

All of the information links to the R2R Medicine website so that students can plan their own pathway to medicine.

University Exam Prep

The University Clinical Aptitude Test (UCAT) is key component of a student's application to medical school, comprising 20% weighting of the overall entry requirements. RDWA has partnered with MedEntry for the past 15 years to deliver contemporary UCAT preparation materials to rural high school students in year 12. The support includes access to online learning as well as virtual attendance at a three-day workshop where students have an opportunity to learn collaboratively from students across the country.

In preparation for UCAT 2023, 27 high school students were funded for MedEntry's learning platform and participated in workshops to prepare for the UCAT exams. This year, the UCAT exam prep support has been expanded to provide students in year 11 an opportunity for earlier access to the MedEntry learning platform and tutors, as well as earlier access to the workshop dates. The Headstart UCAT Preparation Support will support students through the process of applying to medicine in 2024 and 2025.

University Open Days

Each year in August, the universities in Adelaide invite high school students to attend their Open Days to explore the campuses and hear about what they have on offer.

**RDWA WAS PLEASED TO BE ABLE TO SUPPORT
41 HIGH SCHOOL STUDENTS IN YEARS 10, 11 AND
12 FROM ACROSS THE BREADTH OF COUNTRY TO
RECEIVE FUNDING TO ASSIST THEIR FAMILIES IN
BRINGING THEM TO THE UNIVERSITY OPEN DAYS
IN AUGUST 2022.**

Rural University Programs

Rural clinical experiences are offered to university medical students at key points during the academic year when students are making decisions that impact on their career choices. RDWA offers opportunities for first and second year medical students and then again in the fifth and sixth year for University of Adelaide students and the third and fourth year for Flinders University students. Opportunities offered for students commencing in their final year are timed to influence intern selections that occur in May each year.

Clinical Experiences

The 2023 academic year opened with a fantastic opportunity for final year students to participate in the R2R Medicine weekend of rural GP anaesthetics clinical and community activities in the Barossa. Led by a Rural Generalist, Dr Lisa White who is based in Kapunda, the weekend delivered an exemplary clinical program established in collaboration with three local GP Anaesthetists who have a strong interest in medical education and a passion for rural medicine.

The 22 final year medical students from University of Adelaide and Flinders University who participated in the two-day program were introduced to the variety of practice available to rural GP Anaesthetists. They were able to explore neo-natal intubation, elective, emergency, and obstetric anaesthesia, as well as an outdoor first responder prehospital/trauma assessment.

The students also participated in activities that showcased the rural lifestyle and provided an opportunity to connect with the local community, which included hiking a nature trail, dinner at a local restaurant and a visit to the Barossa Farmer's Markets.

AFTER THE GREAT SUCCESS THE GP OBSTETRICS EXPERIENCE THAT WAS HELD FOR THE FIRST TIME IN PORT LINCOLN LAST YEAR, THE PROGRAM WAS OFFERED AGAIN IN 2023. IN COLLABORATION WITH THE FACILITATING GPs, DR KRIS BASCOMB AND DR PAULA KITTO, THIS YEAR'S PROGRAM HAS BEEN EXPANDED TO INCLUDE PRE-AND POST-NATAL COMMUNITY CARE AND THE IMPORTANT LINKS ACROSS SERVICES IN THE PROVISION OF RURAL OBSTETRIC CARE.

Ride Along with the RFDS

Our partnership with RFDS to create flight attachments on weekend RFDS flights is unique in Australia. This long standing partnership has seen thousands of flights for first and second year medicine and nursing students Ride Along.

**STUDENTS FROM ALL THREE ADELAIDE
UNIVERSITIES PARTICIPATED IN FLIGHTS EACH
WEEKEND IN 2022-23.**

Rural Health Clubs and Medical Student Societies

The rural clubs are a significant partner with RDWA in promoting the rural clinical experiences that RDWA offers to provide medical students with a taste of rural emergency and procedural medicine. We are also very involved with the medical students' societies at Flinders and Adelaide universities and this year saw extensive student engagement through sponsorship of the Graduation Week events at the end of the 2022 academic year. These events ensure that rural careers in medicine and the opportunities during junior doctor years are reinforced as medical students complete their degree and allows for early establishment of support for the Road to Rural Interns and bonded graduates.

Our partnerships with the University Rural Clubs have gone from strength to strength this year. RDWA was significantly involved in supporting the transition from the 2022 Executive members to the new 2023 Executive members and was able to engage early in planning activities for 2023 events. We supported multiple events during Orientation Week for all three universities and sponsored the welcome events for first year students with the Adelaide University Rural Health Alliance and the Flinders University Rural Health Society.

We were also pleased to be a gold sponsor at the inaugural 2023 Australian Medical Student Associate Careers Conference. This national event, held at the Adelaide Convention Centre, was an opportunity to talk to medical students about the opportunities available in rural South Australia. A high proportion of delegates were from South Australian universities, and attendance at this event enabled us to reconnect with students previously engaged through RDWA clinical skills experiences.

Bonded Medical Program

RDWA was able to directly support 70 bonded scholars this year, providing them with support and information about opportunities in rural medicine.

Throughout the R2R Intern Program exit interviews, additional Bonded Medical Program participants have been identified, and these are in addition to students that have attended the various clinical experiences conducted throughout the year.

GROW TOMORROW'S WORKFORCE - Train

RURAL EMERGENCY SKILLS PROGRAM

The Rural Emergency Skills Program (RESP) that RDWA delivers in partnership with LearnEM, is an essential part in ensuring that rural GPs and RGs have regular access to emergency skills training.

Through this program, rural GPs and RGs are able to retain confidence in emergency skills and maintain credentialling in providing a service to South Australia's rural public hospitals, which means that rural communities can continue to access emergency hospital care within the local setting.

During the 12-month period, LearnEM delivered 12 programs for 110 rural GPs and RGs:

66 RURAL GPs, RGS AND REGISTRARS COMPLETED RESP CRITICAL CARE

23 RURAL GPs AND RGS COMPLETED RESP PAEDIATRICS

13 RURAL GENERALIST ANAESTHETISTS COMPLETED RESP ANAESTHETICS

8 RURAL GENERALIST OBSTETRICIANS COMPLETED RESP OBSTETRICS

In addition, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) facilitated access for four Rural Generalist Obstetricians to the Fetal Surveillance Education Program (FSEP), a key element in continuing the delivery of obstetrics in rural and remote South Australia.

The individual programs that make up the complete suite of RESP are highly rated by the participants, with 100% rating their learning needs as entirely met or met.

Road to Rural Medicine

INTERN PROGRAM

The Road to Rural Intern Program supported another 50 first year interns to experience rural medicine through a 10-week general practice rotation. Interns are supported by the GP/RG supervisor in the local practice, the practice team, and our R2R Medicine Clinical Director Dr Tim Kelly.

Tim and RG Dr Lisa Koo provide a thorough orientation to Interns at the beginning of the 10 week placement. All 10 interns meet at RDWA for the day, and work through a comprehensive range of issues they will face in rural general practice and in the local hospital. Interns remain under the supervision of the local GP/RG supervisor, gaining valuable exposure to rural medicine in some of the most formative weeks of their medical careers.

R2R Medicine Interns are placed in practices in Angaston, Clare, Crystal Brook, Gumeracha, Kapunda, Jamestown, Mannum, Murray Bridge, Port Lincoln and Waikerie, and we thank their supervisors and practice staff, as well as local hospital staff and community members for making their early clinical experiences so positive.

Funding for four of the locations is through our agreement with the regional LHNs, and six of the locations are funded through the State's agreement for the Commonwealth's Rural Junior Doctor Innovation Training Fund. We extend our thanks to the metropolitan LHNs which we fund to release interns to take part in the program.

The opportunity for interns to be immersed in rural medicine allows us to demonstrate the breadth of practice that doctors can have as a rural generalist, and the connection with the rural communities is a core part of promoting the potential for a rewarding career with all the benefits of a rural lifestyle. Interns do not generally have rural medicine and general practice experiences during their junior doctor years.

Some of the feedback from the Interns about highlights of their experience:

"The highlight of the term was the community. I have been amazed by the interconnections in country, by the GPs, the wealth of experience they have and how they know everyone in town. Massive amount of trust in them and dedicated service."

"Love the sense of community with the other junior doctors, students, and allied health providers. Awesome mix of people and country lifestyle is great. Protected hours as compared with metro placements. Incredible cases through ED, high acuity medicine and interesting cases, greater responsibility in managing patients which is challenging but so good."

"You get to look after patients by yourself and potentially deal with higher acuity level cases than you would in metro where consultants would step in."

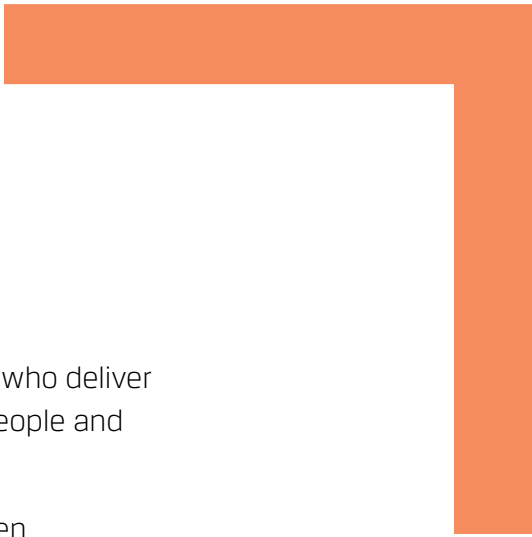
"SEEING SOMEONE IN ED, SEEING THEM THROUGH INTO ACUTE HOSPITAL AND THEN BACK IN THE GP CLINIC. BEING ON TOP OF THE PROCESS. IT'S UNIQUE, NOT SOMETHING AVAILABLE IN A TERTIARY SETTING OR IN METRO GP SURGERY."

DELIVERING

Outreach

SERVICES TO RURAL
COMMUNITIES

THE OUTREACH SERVICES CONTINUE TO MAKE A MAJOR CONTRIBUTION TO ACCESS TO HEALTH SERVICES FOR SA'S COUNTRY COMMUNITIES AND FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE ACROSS THE WHOLE OF THE STATE.



This just wouldn't be possible without the long-standing commitment to rural communities of the many clinicians who deliver those services, and we thank them for making country people and First Nations people their priority throughout the year.

More than 60% of the current Outreach workforce has been delivering services for more than five years, and 24% of providers have been delivering services for over a decade.

THIS YEAR OUTREACH PROVIDERS MADE 1,941 VISITS TO 73 DIFFERENT RURAL AND SOME METROPOLITAN LOCATIONS TO DELIVER 28,770 PATIENT SERVICES.

Our commitment is to prioritising funding for Outreach services to reach areas of greatest need.

ACROSS THE LAST THREE-YEAR PERIOD, WE ARE PLEASED TO REPORT THAT MORE THAN 85% OF OUTREACH SERVICES HAVE BEEN DELIVERED TO THE COMMUNITIES THAT ARE LOCATED IN THE MORE REMOTE AREAS AND SMALLER POPULATION AREAS (MODIFIED MONASH MODEL LEVEL 5, 6 AND 7) - WITH 60% INTO 6 AND 7 LOCATIONS.

The cost for service delivery to these remote locations is three times higher than other regional areas, and these services have also borne significant increases in costs of air travel on commercial flights but ensuring services are delivered into these areas means people living in remote and very remote locations have access to care close to where they live.

Local delivery is often the difference between receiving care or not.

This year the Department of Health and Aged Care has run a national evaluation process with an external consultant. We have continued to demonstrate to the Department and now to the evaluation team how highly performing SA's outreach services are; and we have advocated strongly for more funds to deliver more - we trust this advocacy will be echoed by health services throughout SA and that from mid-2024 we will see further expansion of these programs.

Rural Health Outreach

The stability and regularity of service delivered through the Rural Health Outreach Fund (RHOF) exists because of over two decades of service delivery that RDWA has embedded in rural communities.

RHOF accounts for nearly half of the visit and patient services activity across all Outreach programs.

The majority of RHOF service providers have been engaged with us for at least five years, and 40% have been visiting for over a decade. Service expansion and increased access to services has been achieved every year through strong linkages with stakeholders and host services in locations where outreach services are delivered, in order to achieve efficiencies wherever possible so that funding can be directed to more services.

The challenge for the future will be in addressing the unmet needs in rural areas within a funding arrangement where there are no additional funds available.

This year, paediatric services have been substantially increased and the general practices that host the visiting services have provided overwhelmingly positive feedback about the paediatricians they are working with.

To support this service expansion and in response to GP requests for upskilling in paediatrics, RDWA delivered training for rural GPs on relevant topics through a six-part webinar series and face-to-face training across all six country regions.

THIS ACCREDITED TRAINING WAS FUNDED THROUGH OTHER WORKFORCE PROGRAMS THAT RDWA DELIVERS AND WAS ABLE TO BE ALIGNED WITH THE ROLLOUT OF THE EXPANDED PAEDIATRICIAN SERVICE FUNDED THROUGH RHOF.

Indigenous Chronic Disease


The Medical Outreach Indigenous Chronic Disease Program (MOICDP) provides funding for a significant proportion of the workforce that addresses the health needs of South Australia's Indigenous communities.

The Aboriginal Community Controlled Health Services (ACCHS) that RDWA partners with in delivering the outreach services value the services for their communities and have made a strong contribution to supporting and accommodating visiting providers to resume services that were very disrupted during COVID.

RDWA has worked for over a decade to achieve the aims and objectives of the MOICDP. Access to multi-disciplinary care in primary health care settings, and the range of services offered by visiting health professionals to prevent, detect and manage chronic disease more effectively has increased through our partnerships with the local ACCHSs where services are offered.

Our service delivery model recognises that outreach services cannot be delivered independently of local health services, and visiting services require support of local clinicians in order to provide appropriate care. This is particularly important for patients with chronic disease that require regular management and follow-up care.

The ability to deliver multi-disciplinary care is dependent on building local capacity and capability so that locally based clinicians have a core role in team care arrangements. Much of our service coordination work is focused on supporting ACCHSs to lead the planning and delivery of health services for their communities.



ALLIED HEALTH SERVICES ARE IN EXCEEDINGLY HIGH DEMAND AND WE HAVE ADDRESSED A GREAT PART OF THE NEED FOR THESE SERVICES BY DELIVERING A MULTI-DISCIPLINARY WORKFORCE TO PROVIDE EVIDENCE-BASED BEST PRACTICE TREATMENT OF CHRONIC CONDITIONS.

Visiting specialist services such as endocrinology have been enhanced through the creation of visiting teams such as the diabetes team that visits remote Indigenous communities and includes a podiatrist and diabetes educator that visit with the specialist, cardiology visits that are sequenced with follow-up visits from physiotherapists and dietitians, and psychiatry visits that link with local mental health workers and psychologists.

Visiting Optometrists Scheme

Visiting Optometry Scheme (VOS) services are delivered in 49 locations across rural and remote South Australia with a workforce of 23 optometrists who work into general practices, community health centres and ACCHS.

This is a highly stable program, popular with communities and local health services, with consistently high rates of uptake and patient attendance.

The optometrists who work with RDWA to deliver this service have significant rural experience and understanding of the communities they support, and regularly contribute to planning and coordination of services.

WE ARE INCREDIBLY GRATEFUL TO THE OPTOMETRISTS WHO WORK WITH US TO DELIVER THE SERVICES FOR THEIR GENEROUS COMMITMENT OF TIME, INCLUDING THE TIME THAT IS NOT FUNDED AS PART OF REGULAR VISITS.

Their ongoing contribution to the planning and coordination of services is essential to ensuring a high quality of care, particularly for patients with chronic disease.

The VOS optometrists have significant rural experience and understanding of the communities they support, and those that visit Indigenous communities have built up a valuable level of trust that is a core part of the success of these services.

Upskilling of local staff and providing opportunities for Aboriginal Health Workers and Practitioners to maintain their skills to build competency in the provision of eye care is also an important part of the VOS services.

The coordination of optometry services and integration of eye health services for Indigenous people in rural South Australia has significantly increased over the past four years and this has supported the expansion of services. The ACCHS are leading and improving eye health care for their communities through their own activities to increase retinal screening.

They are now able to have confidence in the referral pathway for patients in need of eye treatment and procedures because they are part of jointly developed and integrated services delivered with the VOS optometrists and the ophthalmologists funded through the Medical Outreach Indigenous Chronic Disease Program.

Indigenous Eye Health and Ear Health Programs

Our valuable partnerships with ACCHS in rural SA for local service coordination have been essential in achieving successful delivery of the outreach eye health services to Indigenous communities.

This has been achieved through the design of local referral pathways and facilitation of communication between the service providers that form the multi-disciplinary workforce that is delivering Indigenous eye health care in rural and remote SA.

Access to ophthalmology services is assisted through the service coordination work that we undertake in the delivery of Outreach services, including the establishment of service pathways for access to ophthalmology that is not necessarily funded through the Outreach programs for locations including Whyalla, Coober Pedy, and Port Augusta.

The successful implementation of these rural hubs along with Outreach-funded services in Port Lincoln and Ceduna enables patients living in rural and remote Indigenous communities to have access to specialist ophthalmology procedures closer to home.

Improved access is evident in the increased activity through the Eye and Ear Surgical Support (EESS) program during 2022-23.

The total number of eye and ear surgeries for the year was more than double the total number in the previous year, and the highest since program inception with 115 Indigenous people assisted to access eye surgery and 71 children supported to receive ear surgery this year.

EESS has become an integral part of the service delivery model for Indigenous eye and ear health services involving outreach service provision, and ensures that Indigenous patients can be supported across the full continuum of eye and ear health care.

Referrals for surgery now have EESS embedded as part of local service delivery models to ensure that patients can access a culturally safe surgical support pathway, including pre-and-post-operative services, within clinically appropriate time frames.

The Healthy Ears Better Hearing, Better Listening (HE-BHBL) service delivery model has rapidly evolved over the past two years from the provision of visiting services to the coordination and delivery of ear health services across the full continuum of care.

We are proud of our strong partnerships with the ACCHS and the Women's and Children's Health Network (WCHN) that have been a core part of this progress to increase access to Ear, Nose and Throat (ENT) specialist services for Aboriginal children through the use of telehealth.

The new ENT telehealth service delivery model has involved building a network of ENTs who receive digital packages containing patient data and images obtained by the visiting audiologists who have identified children in need of referral to ENT services.

The audiologists attend the locations to assess patients and prepare the digital packages which include a full patient history, videoscope images, hearing assessment results and pathology reports. The ENT reviews the packages and works with the audiologists and the local ACCHS to determine necessary treatment and make arrangements with patients and families if surgical services are required.

This service delivery model reduces the need for ENTs to travel to the location and enables children to be fast-tracked for ENT assessment, rather than having to wait to see an ENT during a scheduled visit. This has been an important advancement and has increased engagement with ENTs, as it provides a solution to delayed treatment that can often result in families not following up with treatment after having to wait three months or longer for an ENT to visit.

DURING 2022-23, WE HAVE WORKED WITH WCHN TO IMPLEMENT AND EXPAND THE ENT TELEHEALTH SERVICES, FOLLOWING THE SUCCESSFUL TRIAL OF THIS SERVICE DELIVERY MODEL IN 2022. THE IMPLEMENTATION OF THE TELEHEALTH OPTION HAS IMPROVED ACCESS TO EAR HEALTH SERVICES, REDUCED WAIT TIMES AND IMPROVED CONTINUITY OF CARE FOR THE CHILDREN AND FAMILIES ACCESSING THE SERVICE.

Dr Rishi Agrawal
 Dr Jacob Alexander
 Mr Patrick Andison
 Dr Ratomir Antic
 Dr Dale Ashby
 Dr Peter Avina
 Mr Tyson Baird
 Dr Peyman Bakhtiarian
 Dr Samantha Bateman
 Dr Antoinette Bearman
 Ms Natasha Bennett
 Dr Warwick Black
 Mr James Blewit
 Dr Karyn Boundy
 Dr Heather Brownlee
 Dr Simon Burnet
 Dr Kirsten Campbell
 Dr James Capps
 Ms Jane Carlisle
 Dr Anne Cawley
 Central Adelaide Local Health
 Network Endocrinologists
 Dr Sharad Chawla
 Dr Thomas Chesterman
 Ms Bonnie Cheyne
 Dr Anthony Chitti
 Mr Philip Clem
 Ms Alexandra Coffey
 Mr Christopher Connelly
 Dr Julie Connor
 Ms Emily Coutts
 Ms Karen Cresshull
 Dr Robert Culver
 Mr Jelle de Bock
 Dr Daham De Silva
 Dr Varuni De Silva
 Dr Anthony Dinesh
 Dr Martin Downs
 Dr Katharine Drinkwater
 Dr Yang Du
 Dr Louise Du Plessis
 Dr Shane Durkin
 Dr Hamish Eaton
 Mr Craig Edwards
 Ms Hannah Edwards-Black
 Ms Janelle Eleftheriadis
 Dr Rachel Elovaris
 Mr Jose Estevez
 Mr Craig Farmer
 Dr Ken Fielke
 Dr Stephen Fitzgerald
 Dr Patrick Flynn
 Dr Meredith Frearson
 Dr Lucia Gagliardi
 Dr Lalith Gamage
 Ms Susan George
 Dr Shane Gill
 Dr Geetha Giri
 Mr Jose Gonsalves
 Dr Judith Gould
 Dr Timothy Gray
 Dr Alethea Grobler
 Dr Neeraj Gupta
 Ms Phoebe Hall
 Mr Benjamin Hamlyn

Ms Katie Hamlyn
 Dr Thomas Han
 Mr Mitchell Hancock
 Ms Geraldine Hannan
 Dr Garth Hargreaves
 Dr Shannon Harris
 Dr Mohamed Hasan
 Mr Luke Higgins
 Mr Sam Hobbs
 Prof Michael Horowitz
 Dr Harry Hustig
 Dr Joshua Jervis-Bardy
 Dr David Jesudason
 Ms Gemma Ji
 Dr Ian Jones
 Mr Sean Jones
 Dr Shantha Joseph
 Dr Dilip Kapur
 Ms Tamra Karolewicz
 Dr Rebecca Kurlinkus
 Dr Richard Kwiatek
 Dr Narsing Laddipeerla
 Dr Adriana Lattanzio
 Ms Anne Lentakis
 Dr Nieves Leonardo
 Ms Bianca Liersch
 Dr Marek Litwin
 Dr Patricia MacFarlane
 Dr Chinmay Marathe
 Dr Brian McKenny
 Assoc Prof Richard Mills
 Dr Shah Mohd Shif
 Moorundi Aboriginal Community
 Controlled Health Service Inc
 Dr Daniel Mosler
 Dr Kate Muller
 Dr Helen Murray
 Dr Dildeepa Naveen
 Dr Marni Nenke
 Nganampa Health Council Inc
 Ms Stephanie Nordstrom
 Nunkuwarrin Yunti of SA Inc
 Nunyara Aboriginal Health
 Service Inc
 Ms Demi-Cate O'Brien
 Dr Joyleen O'Hazy
 Ms Carmen Olivier
 Dr Ann Olsson
 Pangula Mannamurna Aboriginal
 Corporation
 Pika Wiya Health Service
 Aboriginal Corporation
 Dr Anthony Pisaniello
 Ms Elise Pocknee
 Point Pearce Aboriginal
 Health Clinic
 Port Lincoln Aboriginal
 Health Service Inc
 Ms Rachelle Riley
 Riverland Aboriginal Health
 Services, Riverland Mallee
 Coorong Local Health Network
 Mr Anthony Robinson
 Dr Lynette Rose
 Dr Ravi Ruberu

Dr Manodhi Saranapala
 Mr Kym Schellen
 Ms Jorga Schutz
 Dr Geoffrey Seidel
 Ms Clarissa Sheehan
 Dr Andrew Simpson
 Mr Alek Sims
 Dr Benjamin Smith
 Southern Adelaide Local Health
 Network Hepatologists
 Ms Alison Spurr
 Mr Daniel Stadler
 Mr Dion Stanbury
 Ms Hannah Stanley
 Dr Judith Stanley
 Dr Nigel Stewart
 Assoc Prof Stephen Stranks
 Assoc Prof William Tam
 Dr Neil Tamlin
 Dr Deepa Taranath
 Tarpri Wellbeing Centre
 Ms Amanda Thiel
 Dr Jane Thiel
 Ms Christelle Thomas
 Mr Mark Thompson
 Dr Prashant Tibrewal
 Ms Elizabeth Tiernan
 Dr Sally Tregenza
 Ms Ana Tu
 Dr Emily Tucker
 Tullawon Health Service Inc
 Dr Christopher Tyson
 Umoona Tjutagku Health Service
 Aboriginal Corporation
 Dr Michael Warhurst
 Dr Lachlan Warren
 Mr Joseph Waterman
 Dr Michael Weightman
 Ms Amelia Weston
 Assoc Prof Alan Wigg
 Women's and Children's Health
 Network Paediatric Audiologists
 Dr John Wood
 Yadu Health Aboriginal
 Corporation
 Ms Tania Zanatta
 Assoc Prof Christopher Zeitz

PROVIDERS

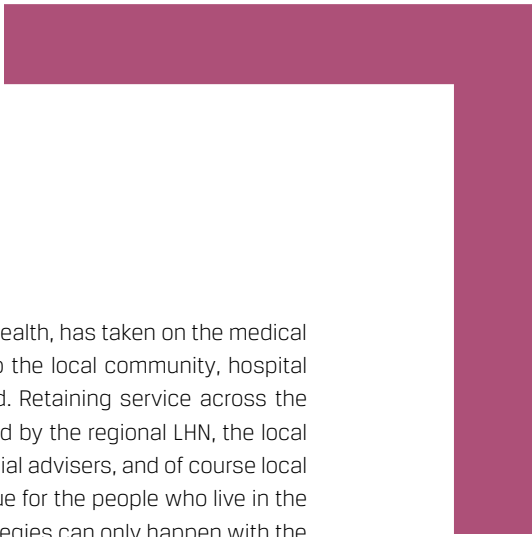
Ulriearch



Workforce Planning

SUSTAINING RURAL GP/RG SERVICES IN CHANGING CIRCUMSTANCES

As circumstances change around and in rural general practice, workforce planning is an important tool in considering the range of factors necessary for ongoing service delivery, particularly in smaller communities. RDWA's workforce planning services often drive change behind the scenes, primarily supporting the local stakeholders to understand what the future could hold in terms of the rural GP/RG workforce.



In the past 12 months, the not-for-profit organisation, Country and Outback Health, has taken on the medical service provision for Quorn – a smooth transition without loss of service to the local community, hospital and aged care services when local long-time RG Dr Tony Lian Lloyd retired. Retaining service across the transition is a planned initiative with a clear goal. In this instance supported by the regional LHN, the local council, our locum team, Country and Outback Health, our lawyers and financial advisers, and of course local community leaders. These are significant initiatives with immeasurable value for the people who live in the local community. Successful business and health care service change strategies can only happen with the commitment, goodwill and practical support of everyone involved, and our sincere thanks to everyone who made this happen.

**NATIONALLY, WE HAVE BEEN WORKING WITH THE DEPARTMENT OF HEALTH AND AGED CARE
TO ADVOCATE FOR MORE FINANCIAL SUPPORT FOR INTERNATIONAL MEDICAL
GRADUATES WHO ARE WORKING IN RURAL AREAS AND PARTICIPATING IN THE
MYRIAD OF ACTIVITIES TO COMPLETE THEIR FELLOWSHIP OF AN
AUSTRALIAN COLLEGE.**

Average costs for completing specialist training for doctors who completed their first medical degree overseas can be more than \$60,000, and they put in significant amounts of time out of hours to complete the training activities.

RDWA has started an initiative to enable funders to better understand what is needed to support a viable medical practice in remote locations given the smaller population base and the transaction basis of the Medicare Benefits Schedule. The May 2023 Budget provided for significant increases for MBS bulk billing incentives to occur from November 2023, and we will take note of the impact of this funding increase as we complete the viability project.

The Department of Health and Aged Care has continued to offer outer metropolitan locations the ability to apply for special consideration through the Distribution Priority Area Exceptional Circumstance (DPA-EC) process, which means metropolitan locations granted DPA status can offer many of the incentives to doctors that have been designed as rural incentives. Creating additional locations with DPA status means there are more options for doctors in metropolitan areas.

At the request of the Department of Health and Aged Care, we contributed to model development for innovative solutions for remote and very remote locations that have minimal or no teaching and supervision capacity. Teaching and supervision capacity is essential to growing a rural GP/RG workforce locally. This work was supported by system wide stakeholders, and we continue to advocate for funding to develop and trial the initiative.

Research

We sponsored and supported the inaugural South Australian Rural Health Education and Research Conference which attracted good attendance and interest from the sector, and we look forward to new research opportunities for the rural PHC workforce in SA.

We also supported research into Point of Care Ultrasound (POCUS) use in rural SA - a first study of its kind in Australia examining POCUS outside antenatal care; and research with long-serving rural GPs/RGs into the factors that have kept them working in rural practise.

The second of the annual surveys of the rural GP/RG and allied health and nursing workforce was completed and provide important annual inputs to the health workforce needs assessment and RDWA's service delivery and new initiative development.

Health Workforce Needs Assessment

Our Health Workforce Needs Assessment (HWNA) was completed and supported by the Health Workforce Stakeholder Group in February 2023. Key matters highlighted included the need for issues identified by ACCHS in HWNA22 remained important in progressing service delivery for Aboriginal and Torres Strait Islander people, as was the need for a comprehensive, workforce strategy funded by Commonwealth and State governments to provide the ongoing certainty and investment needed to create a viable and sustainable Aboriginal and Torres Strait Islander workforce.

In the area of sustainability, it was determined that there was an urgent need for a government funded strategy for Aboriginal and Torres Strait Islander Registered Training Organisations, as the culturally appropriate education mechanism for training the Aboriginal Health Worker, Practitioner and Maternal and Infant Care workforce.

**FOR THE FIRST TIME, RURAL WORKFORCE AGENCIES
DEVELOPED A NATIONAL HEALTH WORKFORCE NEEDS
ASSESSMENT FOR THE DEPARTMENT OF HEALTH AND AGED
CARE WHICH WILL BE PUBLISHED LATER IN 2023.**

Stacey Aviso
Dr Zakaria Baig
Ben Baker
Jack Barry
Andrea Brown
Dr Trevor Burchall
Shirley Capitano
Dr Dianne Carr
Tom Champion
Nathaniel Chang
Dr Mark Chia
Dr Peter Clements
Dr Aaron Digby
Billy Doecke
Katrina Dyte
Julianne Fox
Dr Peter Gilchrist
Dr Jennifer Hamper
Natasha Henningsen
Louise Holley
Kath Jacka
Dr Willem Joubert
Jeff Kelley
Dr Tim Kelly
Dr Paula Kitto
Dr Yen Koh
Dr Sarah Lamanuzzi
Dr Scott Lewis
Dawn Lovell
Michelle Manuel
Dr Gabriel Mayland
Sarah McBride
Mandy McCulloch
Sean McCulloch
Dr Johanna Muller
Meagan Nattrass
Dr Graeme Nicholson
Teena Norman
Dr Langton Nyoni

Lyn Poole
Liesl Riley
Joanne Rolph
Dr Thomas Ryan
Dr Naif Saigol
Gretchen Scinta
Dr Godfrey Sibanda
Alexandra Smart
Dr Samuel Smart
Andrea Sommerville
Dr Alexander Stolz
Dr Sean Taylor
Ben Trappel
Angela Tridente
Dr Oswald Viki
Dr Jacqueline Wagner
Dr Richard Watts
Dr Richard Weate
Dr Graham Wildman
Dr Rohan Williams
Richard Wilmot
Paula Wood
Dr Tim Wootton-Leeuwenburg
Debbie Young



RDWA

Dr Mike Beckoff
(Chair)

Mr Bill Hamill
(Treasurer)

Dr Seshu Boda

Dr Wissam Ghamrawi

Ms Maggie Hentschke

Dr Lachlan Mackinnon

Ms Erin McCarthy

Dr Sally Nelson

Ms Alyson Smith

22
23

Board members

I HAVE PLEASURE IN PRESENTING THE AUDITED FINANCIAL STATEMENTS FOR THE RURAL DOCTORS WORKFORCE AGENCY INC FOR THE YEAR ENDED 30 JUNE 2023.

The statements presented are a summary of the RDWA full report for the financial year 2022-23. The full statement is published on the Australian Charities and Not for Profit Commission's (ACNC's) website <https://www.acnc.gov.au/>. The Board declared that there were reasonable grounds for RDWA to believe it is able to pay its debts as and when they become due and payable and that the statements satisfy the ACNC's requirements when the financial statements were adopted on 25 August 2023.

RDWA's major funders are the Australian Government Department of Health, the Barossa Hills Fleurieu's Rural Support Service on behalf of the six Regional Local Health Networks and Health Workforce Queensland as the lead agency for the Consortium of Rural Workforce Agencies.

The Statement of Financial Position includes funds from all sources.

RDWA's income was \$21,893,959 with expenses of \$21,557,264 resulting in retained earnings of \$336,695.

Total assets after depreciation as at 30 June 2023 were \$11,069,976 and total liabilities were \$5,654,044. Retained earnings total \$5,415,932 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 Dr Lachlan Mackinnon, Ms Erin McCarthy 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



Rural Doctors' Report

STATEMENT OF FINANCIAL POSITION AS AT 30 June 2023

	2023 \$	2022 \$
Assets		
Current assets		
Cash and cash equivalents	9,412,933	11,008,277
Trade and other receivables	803,318	166,499
Other assets	67,363	47,741
Total current assets	10,283,614	11,222,517
Non current assets		
Property, plant and equipment	273,132	326,778
Right of use assets	513,230	708,109
Total non current assets	786,362	1,034,887
Total assets	11,069,976	12,257,404
Liabilities		
Current liabilities		
Trade and other payables	2,396,346	1,399,525
Lease liabilities	225,163	209,807
Contract liabilities	1,282,426	3,639,551
Provisions	1,375,950	1,319,238
Total current liabilities	5,279,885	6,568,121
Non current liabilities		
Lease liabilities	330,755	529,447
Provisions	43,404	80,599
Total non current liabilities	374,159	610,046
Total liabilities	5,654,044	7,178,167
Net assets	5,415,932	5,079,237
Equity		
Retained earnings	5,415,932	5,079,237
Total equity	5,415,932	5,079,237

STATEMENT OF PROFIT OR LOSS
AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED

30 June 2023

	2023 \$	2022 \$
Income		
Revenue	21,893,959	19,865,601
Other income	-	26,569
Total income	21,893,959	19,892,170
Expenses		
Administrative expenses	(2,352,739)	(2,326,741)
Locum program	(3,761,586)	(3,826,629)
Retention	(1,323,629)	(1,539,192)
Recruitment	(1,416,862)	(1,015,640)
Business services	(260,321)	(26,276)
National representation	(67,539)	(25,271)
Outreach services	(7,212,183)	(6,451,979)
Attraction	(2,211,971)	(2,135,428)
PHC workforce	(709,338)	(667,293)
Health workforce scholarships program	(1,285,677)	(804,279)
Workforce viability & planning	(955,419)	(881,857)
Total expenses	(21,557,264)	(19,700,585)
Profit for the year	336,695	191,585
Other comprehensive income	-	-
Total comprehensive income for the year	336,695	191,585

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED

30 June 2023

	2023 \$	2022 \$
Cash flows from operating activities		
Receipts from customers	21,645,942	22,622,094
Payments to suppliers and employees	(23,244,981)	(21,221,291)
Interest received	244,841	29,393
Payment of interest on lease liabilities	(20,218)	(25,592)
Net cash provided by/ (used in) operating activities	(1,374,416)	(1,404,604)
Cash flows from investing activities		
Payments for property, plant and equipment	(18,478)	(208,300)
Net cash (used in) investing activities	(18,478)	(208,300)
Cash flows from financing activities		
Payment of lease liabilities	(202,450)	(195,454)
Net cash (used in) financing activities	(202,450)	(195,454)
Net increase/ (decrease) in cash and cash equivalents held	(1,595,344)	1,000,850
Cash and cash equivalents at beginning of year	11,008,277	10,007,427
Cash and cash equivalents at end of financial year	9,412,933	11,008,277



Moore Australia Audit (SA/NT) Pty Ltd

Level 2, 180 Flinders Street
Adelaide SA 5000

GPO Box 1171
Adelaide SA 5001

T +61 (0)8 8224 3300

F +61 (0)8 8224 3311

www.moore-australia.com.au

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS TO THE MEMBERS OF RURAL DOCTORS WORKFORCE AGENCY INC

Opinion

The summary financial statements, which comprises the Statement of Financial Position as at 30 June 2023, 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 the Board Members Declaration, are derived from the audited financial report of Rural Doctors Workforce Agency Inc for the year ended 30 June 2023.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report, in accordance with Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Audit Report Thereon

We expressed an unmodified audit opinion on the audited financial report dated 25 August 2023.

Board Members' Responsibility for the Summary Financial Statements

The Board Members are responsible for the preparation of the summary financial statements in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which are conducted in accordance with Audit Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

MOORE AUSTRALIA AUDIT (SA/NT) PTY LTD

STEPHEN CAMILLERI

Director

Adelaide, South Australia

Dated: 25 August 2023

Moore Australia Audit (SA/NT) Pty Ltd - ABN 34 144 550 461. Authorised Audit Company Registered Number 374246.
An independent member of Moore Global Network Limited - members in principal cities throughout the world.
Liability limited by a scheme approved under Professional Standards Legislation.

RDWA | Rural Doctors Workforce Agency Inc

63 Henley Beach Road

Mile End South Australia 5031

T | +61 8 8234 8277

E | ruraldoc@ruraldoc.com.au

ruraldoc.com.au