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As this is my first report as Chair of the RDWA Board, I would like to acknowledge the retiring Chair, Dr Richard Mackinnon, who has given this organisation such sustained and dedicated service and leadership over many years.

The organisation continues to follow its strategic directions pathway outlined in our Foundation & Futures 2015 to 2020 document, overseen by the Board, but driven by our conscientious and capable CEO Lyn Poole.
The organisation has enabled recruitment of a dedicated rural workforce, provided strategic support to practices and communities as well as sustaining critical services essential to the vitality and prosperity of those rural communities.

Without health infrastructure and facilities, some of our smaller towns and communities would struggle to survive.

I would like to sincerely thank the Board members for their support, dedication and enthusiasm to this organisation, enabling the achievement of our goals and the efficient delivery of our programs.

Dr Mike Beckoff
Chair

As a Board, we have determined to undertake an evaluation of our performance, to scope our current constitution and, with management, to strengthen our corporate governance framework to ensure that our processes are not only sound and comprehensive, but also contemporary.

As an organisation, we have supported the work of the National Rural Health Commissioner, Prof Paul Worley, and will continue to contribute to the National Rural Generalist Taskforce, thereby enabling our State to progress the Rural Generalist Pathway to a tangible and productive conclusion.

Finally, this year RDWA, as a workforce agency, celebrates ‘20 years’ of proudly supporting our rural and remote communities in SA.

The Finance and Audit Committee, led by Bill Hamill and supported by the General Manager, Mandy McCulloch, have provided the Board with sound advice about our financial security and reported diligently on our risk profile. On behalf of the Board, I would like to sincerely thank Lyn and Mandy for their dedication, making the RDWA such a valued and respected organisation, not only in this State, but nationally. Lyn has an enthusiastic and quality team, who provide wonderful support and the Board is truly appreciative of their efforts.

I would like to sincerely thank the Board members for their support, dedication and enthusiasm to this organisation, enabling the achievement of our goals and the efficient delivery of our programs.
CEO's Report

As we reflect on the significance of our organisation providing 20 years of service to rural communities, we also remain firmly focussed on our current and future programs and services to support our rural workforce.

To honour the past and the future, this year’s Annual Report provides information about our work and achievements this year and incorporates a special feature section that we feel illustrates what it means to have been a workforce agency supporting rural health workforce for the past 20 years. This feature showcases the breadth, depth and diversity of rural health professionals, their careers and their lives, and pays tribute to the key partnerships that have enabled RDWA to deliver the best possible workforce services for our rural health professionals.
We think ‘20 Years Strong’ is a great place to step into the next decade of service, and we were very pleased at the beginning of this year when the Commonwealth Department of Health renewed their commitment to rural South Australia by awarding us a three contract for the new Rural Health Workforce Support Program. This program requires us to take the lead on primary health care workforce matters.

To support this leadership role, we have established a Health Workforce Stakeholder Group comprising SA Country Primary Health Network (SA Country PHN), South Australia’s three Universities, GPEx, the Aboriginal Health Council of South Australia (AHCSA), Country Health SA Local Health Network (Country Health SA LHN) and RDWA as the Outreach Fundholder for SA.

The Health Workforce Stakeholder Group in collaboration with the RDWA have contributed to our first Health Workforce Needs Assessment. This process allows us to look at the needs of communities town by town and to identify the priority communities and the strategies for sustaining others.

This is year one of a three-year program that will build and expand our capability to support our GP workforce and the broader primary health care workforce who reside in country.

We were also rewarded with new contracts to continue to provide crucial Outreach programs through which we mobilise 200 health professionals who deliver 300 local services across country. These programs play a huge part in enabling Indigenous and non-Indigenous rural communities to have access to services close to where they live.

Another major achievement was to win a national tender in a consortium bid with the Rural Workforce Agencies to provide the new national Health Workforce Scholarships Program. This program targets our resident workforce and provides them with scholarships and bursaries to enhance their skills and education to support them to provide the best care to our rural communities.

The SAVES program, SA’s virtual emergency service which is delivered on site at RDWA, was officially launched in November 2017, and went on to win the Minister’s Innovation Award at the 2017 SA Health Awards. We have now expanded the program from an initial 16 to 29 sites across country to support the resident GPs and the nursing staff at Country Health Hospitals.

With a new State government elected in March 2018 there is significant change being implemented across the state health system. The Government have determined that the health system will be managed by skills-based Boards. Country will be governed by six Boards that will take responsibility for state-funded health services in their regions. The Boards will transition in the coming year, taking full responsibility by 1 July 2019.

We welcomed the new Minister for Health and Wellbeing the Hon Stephen Wade who attended our Conference dinner in May 2018 and awarded the Long Service Medals to our doctors who have provided 25 and 35 years of service to country.

The new government has declared they will invest in Country and will provide $20 million over four years to develop and implement a Rural Health Workforce Plan.

It is heartening to read that the plan will ‘recognise the responsibility of SA Health to support health services beyond hospitals and health services, including general medical practices and Aboriginal controlled community health services’.

As importantly and for the first time, Country will be allocated teaching funding which will allow for training of the workforce in rural regions. We applaud these policy decisions.

The RDWA is very pleased to be engaged in these discussions and we look forward to the development of the Plan to allow the Regions, the State and the Commonwealth to understand what the health workforce needs for rural South Australia are today and for the next five to 10 years.

We welcome the ongoing challenge to ensure that rural people have access to quality health services;
We continue to advocate for country and that health services to our country towns remain a priority;
we celebrate ‘20 Years Strong’; and we look forward to continuing to deliver workforce services to SA’s rural workforce in our third decade.

Lyn Poole
CEO
Recruit a workforce where it is needed across rural SA

In the 20 years the RDWA has been operating we have always worked from a community perspective. We have always understood and experienced the celebration when a new GP comes to a town and we have witnessed the sense of fear when one leaves.
For the many small towns in country South Australia with hospitals, the fear that if there’s no GP, there’s no hospital and if there’s no hospital there’s no town, is very real. We have been blessed in South Australia that no hospital has closed in the past 20 years.

Recruitment like so many aspects of the health system, is multi-dimensional, and the challenges require multiple interconnected strategies. As is often said, ‘there is no silver bullet’.

The challenge to recruit a GP workforce into small communities has become increasingly difficult. This has nothing to do with the towns or their appeal; it is a result of changes that have occurred to the processes of professional registration and education which are enabling much of the incoming workforce to work in metropolitan and near metropolitan locations.

GP Registrar training numbers have increased dramatically in the last five years, with around 150 registrars training in rural SA in 2017-18. As registrars complete their training, they are remaining in rural practice in SA, which is a wonderful achievement to celebrate. They are generally remaining in the high population areas in larger practices where they have completed their training.

The distribution of training places is reliant on the capability and capacity of the local general practice to be accredited as a training practice with identified qualified supervisors prepared to teach. This can be a major limitation for the smaller practices and practices temporarily without a doctor.

The internationally trained medical workforce from offshore has been hugely important in the last two decades, working hard serving their communities and, with the support from the RDWA, they have gained their Fellowship and cemented their place as part of the fabric of our resident doctor workforce.

Sadly, it is now almost impossible to recruit these highly skilled and experienced GPs from offshore. The combination of changes to immigration and registration processes mean that there is little opportunity for offshore GPs to relocate to rural towns, and with that goes the opportunity to provide confidence for their community as the practice owners and pillars of their community.

We say this while acknowledging the fact that the number of GPs and registrars working in rural SA is at an all-time high.

This year, the rural GP workforce reached 629, compared to 10 years ago when the number was 427.

While this is a welcome addition to country there are still significant challenges for smaller towns that do not have a permanent workforce or an ability to become teaching practices.

These are the towns that we focus our effort on, trying to entice GPs with the right skills to support these hardworking communities. We need to continue to challenge the current thinking and policies that impact negatively on our combined abilities to have resident GPs working in all of our communities especially the most vulnerable.

During this year, we assessed 547 GP for placement, and supported 59 GPs who commenced work in rural SA.

We celebrated the 10 doctors who achieved their Fellowship with the support of our Fellowship Strategy Program, which we continued to expand and develop with our partners, AOGP. We talk more about our partnership with AOGP in our 20 Years Strong feature section.

We welcome the focus on rural general practice that the National Rural Health Commissioner brings through the national discussion about the role and function of the Rural Generalist and the opportunity to further recognise the unique combination of skill sets needed to be a generalist training and working across both the primary and tertiary health system to service rural communities.
Retaining our resident GP workforce is crucial. Retaining a highly skilled and confident GP workforce for rural SA ensures the continuity of care that rural people experience when they visit their GP and enables the GP practices and local hospitals to operate with a sense of certainty. This sense of certainty is vital to the health of SA’s rural communities.

Our approach to supporting the retention of the GP workforce has two key aims – to provide a range of services that contribute to a GP workforce that remains competent, confident, connected and contemporary; and to support GPs, particularly those in smaller towns with a public hospital, to have planned and regular breaks from the 24/7 demands of serving their community and the local hospital.

We do this by providing high quality accredited education, upskilling and local networking throughout country, and through the new SAVES and the Locum Programs.

Our GP Local program continued to provide high-quality, accredited professional development, combining local networking and learning about the latest areas of clinical interest. More than 200 GPs attended 20 local education evenings this year.

Recent developments include in the latter part of the year, our partners LearnEM worked with us to develop two new intensive two-day courses which were launched at our annual GP conference. In our feature section, we talk more about our partnership with LearnEM.

RESP Plus has been developed as an advanced-level program in emergency medicine, that focuses on complex areas of resuscitation and procedural skills, to complement and extend RESP.

Our new Ultrasound In Primary Care Program, which has been accredited by the Australasian Society for Ultrasound Medicine, provides a great new educational program for the resident GP workforce.

When resident GPs do need to leave their home location to access professional development and education, we provided more than 80 CPD grants to offset costs to support these training needs.
Locum

Our Rural GP Locum program continues to provide SA’s rural GPs with access to the most comprehensive locum support in Australia. Throughout the year, the locum program provided resident rural GPs more than 250 weeks’ leave. We employ 35 highly qualified GPs to deliver these services, and ensure they have access to a high quality professional development week every year. In our feature section, Dr Willem Joubert talks about his work as a rural locum.

Understandably, the Locum Program remains one of our most well received programs. As part of ongoing improvement, we extended scheduling to enable resident GPs to plan their leave up to 12 months in advance.

SAVES

Our new virtual emergency service, SAVES, is also playing its part in reducing fatigue and making its mark in the use of technology to support the resident GP and nursing workforce. After an initial pilot period, SAVES was formally launched in November 2017, with the SAVES video-conference hub at RDWA’s offices being dedicated to the late Dr Peter Chapman, Country Health SA LHN’s Medical Director whose vision led to the establishment of the service.

Country Health SA LHN and RDWA were delighted when SAVES won the Minister’s Innovation Award at the 2017 SA Health Awards.

Following the successful establishment in 16 sites, SAVES was expanded to a total 29 sites throughout rural SA. A panel of 10 highly experienced GPs are rostered 365 days a year to take the calls from the local health units. This means the local GP can take a break and as importantly the nurses at the local hospital have the support of our GP who can assess and treat patients remotely.

Conference

Our Annual Conference in May 2018 was a showcase clinical event addressing the breadth of rural rural practice, including workshop sessions on the use of ultrasound, management of respiratory and paediatric emergencies, and end of life care.

Keynote speaker, National Rural Health Commissioner Prof Paul Worley, drew on his experience as a rural GP in SA to illustrate his current work on developing a national approach to gaining professional recognition of Rural Generalists.

A highlight of the Conference weekend, was the Long Service Awards ceremony. We had the privilege of celebrating with our GPs and Specialists who have provided 25 and 35 years of service to country. More than 175 guests attended the dinner. The evening began with an address by His Excellency the Honourable Hieu Van Le, Governor of South Australia and the Minister for Health and Wellbeing the Honourable Stephen Wade MLC presented the medals.
Recognising Long Service

GPs and Specialists who have provided 25 and 35 years of service to country.

The dedication and commitment of our GPs and Specialists to the communities they serve was recognised at the RDWA Annual Conference Dinner held in May, with acknowledgement for serving rural locations for more than 25 and 35 years.

**25 years**
- Dr Fiona Altmann
- Dr Martin Altmann
- Dr Anthony Cohen
- Dr Alison Edwards
- Dr Abdul Kajani
- Dr Jane Kitchen
- Dr Mark Lang
- Dr Anthony Lian-Lloyd
- Dr Evan Markwick
- Dr Mark Morton
- Dr Annette Newson
- Dr Ian Patterson
- Dr Adrian Porter
- Dr Andrew Searles
- Mr Dion Stanbury
- Dr Graham Wildman
- Dr Lucie Walters
- Dr Samsher Ali *(not present)*

**35 years**
- Dr David Adams
- Dr Stephen Daniels
- Dr Ian Gartley
- Dr William Gransbury
- Dr Ludomyr Mykyta
- Dr Jonathan Newbury
Future Workforce

Inspiring future health professionals to choose a rural career

Our future workforce attraction programs start with influencing rural kids in high school across the education streams of medical and health degrees and provides amazing opportunities for great rural experiences for medical interns.
Our medSPACE events target rural kids who dare to dream of becoming a doctor or a health professional, starting with a residential camp for more than 50 rural Year 10 students who spend three days visiting the Universities and meeting rural Uni students who help demystify the process of applying for and studying medicine. Our 2017 group reported that the camp provided fantastic opportunity to learn, to understand what is required of them and to be inspired to pursue their dreams. We ensure that rural students have great support to prepare for the university entrance tests (UMAT) and through the selection processes. In our feature section, Dr Sarah Willoughby talks about how important these opportunities were for her achieving her dream to practise medicine.

Our partnerships with and support of the University Rural Clubs are part of our investment in the future workforce. As the leaders of tomorrow, we make sure they have a great start in the leadership they provide to their Rural Club by providing training to their leadership groups. We ensure that Rural Club members have great opportunities to experience rural professional practice, by working with them to deliver high quality clinical events for students to attend skills sessions in rural towns. This enables the students see up close what the life of a rural GP in a remote location looks like or to spend a weekend with our good friends at the RFDS on retrievals. We talk about our partnership with RFDS in our feature section.

Our high school and university future workforce programs attracted 334 Students to 14 events across the year. A highlight of our work with university students was the joint sponsorship as Principal Partners by RDWA and AHCSA of the Australian Medical Students Association Global Health Conference in Adelaide. AHCSA CEO Mr Shane Mohor addressed the 700 students present on the topic ‘We are better when we work together’ a great opportunity to focus on partnerships in Indigenous health for Australia’s future medical workforce.

Nationally we are a member of the Consortium of Rural Workforce Agencies which is managing the iconic John Flynn Placement Program that allows medical students the opportunity to spend some of their vacation time working alongside one of our resident rural GPs. Partnerships again feature strongly in this program, and we offer our sincere gratitude to the rural GP mentors and the community hosts throughout rural SA who provide these fantastic clinical and community experiences for the 71 medical students we supported in John Flynn placements this year.

Beyond University and into the first year practising as a medical professional, our Road to Rural Intern Program has gone from strength to strength. This year we added the Crystal Brook practice and hospital to increase the number of interns placed in a 10-week rotation in rural SA to 20, a wonderful milestone in our 20th year.

With 200 weeks of exposure to rural general practice shared by 20 very keen Interns, we thank our key partners, Central Adelaide and Northern Adelaide Local Health Networks, the rural GPs and their practices and AOGP for their combined support for this important program.
Health Workforce Scholarship Program

Recognising the current health workforce’s professional development in serving their communities’ health care needs
RDWA announced the opening of the Health Workforce Scholarship Program to rural health professionals in South Australia in November 2017.

Health professionals working in rural, regional and remote South Australia were invited to apply for Scholarships and Bursaries to undertake further study and courses to increase their skills and capacity. The response was overwhelmingly positive and a further two application rounds were held in early 2018.

In the first year of this new program, 148 health professionals were awarded a Scholarship or Bursary. Included among the 13 different types of health professionals supported are Medical, Physiotherapy, Nursing, Psychology, Social Work, Occupational Therapy, Optometry, Speech Pathology, Exercise Physiologist, Counsellor, Dietetics, Pharmacy, and Podiatry.

Ongoing support for continuing professional development is essential to enabling health professionals to continue practising in rural areas. Working in rural often means that access to education and training is limited and can be cost-prohibitive, particularly when participation requires significant travel and time away from practice.

RDWA understands the challenges for rural health professionals to remain in country and is pleased to be able to offer the Health Workforce Scholarship Program as part of the range of retention services. The support provided this year will benefit 41 country communities to be able to continue accessing needed health care services where they live.
Outreach

Reach out to rural communities with visiting services

RDWA has been providing Outreach services to rural and remote areas of SA for almost two decades.

Providers who deliver these services are much more than visitors in the communities they support. They work collaboratively with local health services to enhance and extend the care that people can access close to home, enabling comprehensive service delivery to ensure that ongoing care can be provided.
This year marks a new three-year funding horizon for the Outreach programs that represents a strong commitment from the Commonwealth government to continue supporting the needs of rural communities.

RDWA is grateful for the support of the local health services that have welcomed and supported us and hosted our 217 Outreach service providers to deliver 313 different types of services this year.

Local services support patients to access appointments, provide supported accommodation for visiting providers, and work alongside Outreach providers to ensure an excellent patient experience. These host services include general practices, Aboriginal Community Controlled Health Services (ACCHS) and community health services, that have made it possible to deliver 30,418 patient services this year through the Outreach programs.

Our partnerships with ACCHS and AHCSA are essential to enabling Outreach services to reach Aboriginal people. Together we have provided access for Indigenous people to receive 11,380 patient services this year through the Medical Outreach Indigenous Chronic Disease Program, the Rural Health Outreach Fund, the Visiting Optometrists Scheme and the Healthy Ears – Better Hearing, Better Listening program. New services commenced in 2017-18 included endocrinology and dietetics, and respiratory services were expanded. With providers, ACCHS hosts and AHCSA we have focused on increasing the recording of patient information in Communicare to aid local support, on ensuring there is sufficient notice for hosts of upcoming visit dates to enable the local staff to contact patients for recall, and worked with the hosts’ knowledge around coordination and facilitation of effective clinics.

The announcement that the Healthy Ears – Better Hearing Better Listening Program would by continued for four years was welcome news. With the support of the local health services, the integration of the Healthy Ears Program and Eye and Ear Surgical Support Program provides a comprehensive ear health service from detection through to surgical intervention for Indigenous children and young people where surgical services are not available locally. We are working with AHCSA so that the Healthy Ears services are effectively integrated with the service referral pathways, and we continue our efforts to attract Ear Nose and Throat specialists to work in the Outreach programs. A highlight of the year is the collaboration that supports and enables the child and maternal health team, the school screening team and the outreach team to work together to identify children for the ear clinics, referral to the next surgical list if required, support from the Aboriginal Health Worker (AHW) during admission and for post-operative review. This model demonstrates how high quality comprehensive health care can be delivered in an outreach model through willingness to coordinate and work as a team. RDWA also supported dedicated ear health expertise for AHWs through training, networking and by being part of AHCSA’s Deadly Sounds program.

The heart of the Outreach programs is the providers who commit their valuable time and efforts to bring services to country communities, some traveling to the furthest ends of remote South Australia to make sure that people can access vital health services.

This year, RDWA Outreach providers completed 2,305 trips to 77 rural and remote areas to provide continuous services for people living in rural South Australia.

In our 20 Year Strong feature section, Dr Joy O’Hazy, talks about the rewarding women’s health care she provides through the Outreach program.
Primary Health Care Workforce

The first Health Workforce Needs Assessment was completed for the new Rural Health Workforce Support Program – focusing on the General Practice workforce in the first year. This work, which was endorsed by the newly-established Health Workforce Stakeholder Group, identifies needs in three priority areas – improving access to essential primary health care; building health workforce capability; and growing the sustainability of the health workforce.
With a focus on building health workforce capability, AHCSA and RDWA formed the Back on Country Collaboration to develop and support the workforce in ACCHS in rural SA.

Commitment to the collaboration is long-term, focusing on strengthening opportunities for the current Indigenous workforce and for the future generations of health care professionals providing services to their communities.

The first initiative is the Practitioner Education Program, which is a funded education program delivered by AHCSA’s registered training organisation with the aim of contributing to increasing the capability of the Aboriginal health workforce to provide high quality services to Aboriginal people in rural South Australia. The Program will support 48 Aboriginal Health workers to become Registered Aboriginal Health Practitioners over the next two years.

In our 20 Year Strong Feature, AHCSA’s CEO Mr Shane Mohor talks about the Indigenous health workforce and partnering with RDWA.

RDWA in collaboration with Country SA PHN, continued to work together on key workforce challenges, including working with health professionals and services to support locations with workforce shortages and areas in need of capacity development.

RDWA also continued to support the last 29 health professional working in nine rural locations who were funded under Rural Health Professionals Program (which had ended in March 2017) to relocate to rural SA.

RDWA and the University of South Australia established a collaboration to provide opportunities for the two partners to develop projects that contribute to SA’s rural health workforce sustainability, with the first project established to develop and support Entry to a Rural Health Career. This project will provide health discipline graduates a supported entry point to a rural health career and develop strategies for future activities that will increase capacity to support a rural health professionals career pathway in SA.
Sustainability

Strong rural general practices and private allied health practices, alongside the public State and Commonwealth health services; are essential to the long term, sustained access to health services for our rural communities.
This year, we launched our new Business Essentials Series of workshops for practice owners and managers. This series was delivered by Piper Alderman and provided participants the opportunity to advance their skills in managing employees and workplace health and safety and keep up to date on the latest issues for privacy and record keeping.

As small businesses facing the multiple challenges of remaining contemporary and sustainable, the workshop series was well received, and some workshops will be repeated in the coming year due to the level of interest.

We continue to work with individual practices and communities, engaging in strategies that support their sustainability to ensure that the local service delivery remains strong.

Our outreach programs provide a major contribution to local service delivery and sustainability. We have many providers who have been with the program for 15 years and more, and the clinical and professional relationships that exist between the visiting and local health professionals is much valued.

We continue to highlight and actively promote the professional and personal rewards of rural health careers, which are crucial to ensuring that there is a workforce of the future to meet the health needs of rural communities.

Our services across the full spectrum of the rural health career, along with our partnerships with key stakeholders, ensure sustainability is at the heart of all that we do.
We are proud to celebrate the Rural Doctors Workforce Agency’s 20th birthday in 2018.
Considering the pace and type of change all around us, we have worked through many challenging times, and come a long way in those two decades. When you take into account that Google also celebrates its 20th anniversary this year, it is evident how far our expectations as citizens of this now global community have come.

RDWA was born from the need for support of the rural general practitioner workforce. In 1998, those 319 GPs serving SA’s rural communities were often isolated by distance.

They were united however by the same needs – for connection within their professional environment, for recognition of the high demands placed upon them in providing for their community’s medical needs, and for opportunities for them and their families to join with other families experiencing the same issues.

In the creation of the RDWA, rural GPs were able to find supports that enabled them to more effectively serve their communities, to develop their own careers as health professionals, and to recognise the people in their lives who provided much of their own support structures.

The ethos that created the seed for the then SARRMSA which became the RDWA remains reflected to this day in the purpose and principles of the organisation and the services and advocacy it provides.

We have been fortunate to have retained these important aims and to receive continuous funding from the State and Commonwealth health departments in their various forms in recognition of their commitment to the rural GP workforce and to rural communities.

More recently, there has been a greater acknowledgement and support for the broader resident primary health care workforce and their service contribution to rural communities’ health.

Our visiting Outreach Services have become integral to the rural health service fabric during the past two decades. Providing a record number of patient contacts in 2017-18, at a growth of more than 5% over the previous 12 months, Outreach health professionals delivered more than 30,000 patient contacts this year.

That’s 120 rural people each and every day of the working week who have specialist care brought right to their doorstep.

More than 10,000 of these patient services are provided for Aboriginal and Torres Strait Islander people, the majority supported by SA’s ACCHS teams.

In our 20th year, we continue to celebrate the major contribution outreach health professionals make to country communities.

‘Together we can do so much’ is the starting point for every day of every week at RDWA. As a rural workforce agency, we are committed to supporting individuals and the collective rural health workforce which comprises those people. To achieve the best in those support services, we take partnerships very seriously. We are 20 years strong because we have always worked in partnership with those people and organisations that have the health of SA’s rural communities at the heart of what they do.

We’ve put together a special section of this year’s annual report to showcase some of the wonderful lives and partnerships of which the RDWA has, in some way, been part. We hope you enjoy the stories, and we look forward to serving SA’s rural communities and the rural health workforce for many years to come.
Sarah was always going to be a rural GP, there was never any doubt in her mind. Born in the Keith Hospital, educated in the same town, Sarah says she was always coming back to the South East – it is home.

‘RDWA has been with me the whole way – the support I’ve received has been extraordinary, from when I was still in high school to helping me establish my own practice, they’ve been there every step of the way’
Dr Sarah Willoughby.

Sarah’s first contact with RDWA was as a secondary school student, attending a UMAT workshop. Ultimately entering medicine through Flinders University’s Graduate Entry Medical Program as a SA Bonded Scholar, Sarah continued her relationship with RDWA though medical school, securing third year placement at Millicent and undertaking her Intern year at Mt Gambier Hospital.

In her registrar years she met her partner Paul, a Padthaway builder who lives on the property that’s been in his family for 100 years. He was keen to stay, so Sarah considered her options, and approached Dr David Senior from Limestone Coast Health and asked if he would be willing to open a branch in Padthaway. Having known David since childhood when she competed with his daughter at Pony Club, David was delighted to support Sarah to start practising in Padthaway and Lucindale.

Recognising David’s own commitment to ensuring that smaller towns in the region have access to a GP, Sarah is now working between Padthaway, Lucindale and Millicent. These communities have been exceptionally welcoming, openly supportive and provided Sarah a lot of encouragement along the way.

Like many rural GPs, Sarah’s family is very important, and not just for support. Sarah’s mum, Deb, a registered nurse who has been working at the Keith Hospital since before Sarah was born, has now taken on a completely new experience working as Sarah’s practice nurse.

Sarah believes that the best chances of securing a rural GP workforce is to help medical students develop a love of rural life and to help country students get into medicine.

She’s back at the beginning in some ways, now providing support herself to the RDWA as a GP mentor for medical students through the John Flynn Placement Program – showcasing for them how to balance their work and their life outside of work as she continues to enjoy her two passions, rural medicine and her horses.
Clan Mackinnon

Chrissy and Richard Mackinnon’s commitment to Crystal Brook and its surrounding communities is testament to the richness and blessings that rural health careers and rural life bring. Together, Chrissy and Richard have given more than 50 years’ rural service. Chrissy as a midwife and specialist lactation consultant, and Richard as a procedural GP in obstetrics and anaesthetics.

Richard and Chrissy, like the RDWA, have clearly thrown their support behind SA’s future rural health workforce, with all three of their adult children now practising as rural health professionals.

Eldest, Dr Lachlan Mackinnon, recognises he was privileged to be exposed to the diversity and lifestyle that a career in rural health provided his parents. As a GP Registrar in Loxton nearing the completion of his training, he is excited by the opportunities to be part of the new generation providing health services to rural areas.

Physiotherapist Callum still laughs about how he came to be working in Port Pirie. After returning from 18 months overseas ready to find his next job, the Port Pirie hospital was the first employer to contact him, and that sealed the deal. Callum is pretty sure that when it comes time to settle down and start a family, it will be a rural location for him.

Ruth, the youngest Mackinnon, was clear that her career as an Occupational Therapist would start in rural because she wanted as much experience and exposure to clinical areas as possible – both supported and pushed outside her comfort zone. Practising in Port Pirie has provided a wonderful foundation, from the new graduate year and beyond.

Ruth sees that the RDWA has been a big part of her family since its early days; and she is delighted to say that RDWA really does support health professionals to work in the country.

Richard, an inaugural RDWA Board Member and the organisation’s longest serving Chair, reflects on starting to wind down and making way for the next generation to step in, with the symbolic ‘passing of the baton’ to his children. He is proud that after he finished 19 years of service to RDWA, that Lachlan sought and was selected for a position on the Board as the Doctor in Training.

‘It was time to make way for some new ideas. I’m really happy, and I am delighted that this next generation wants to be rural. They see it as an attractive, enjoyable career, because it offers the best quality of life,’ says Richard.

Chrissy and Richard feel that this is an amazing period of time and are immensely proud that all five family members are practising rural health clinicians.
Arriving as an International Medical Graduate supported by RDWA to take up practice in Waikerie nearly two decades ago, Dr Ken Wanguhu reflects on the RDWA’s contribution to supporting the rural workforce, as well as the opportunities that living and working in Waikerie and Berri has given him and his family.

In 2015, Ken’s commitment to his fellow doctors was recognised when he received the RACGP, NRF Brian Williams Award, recognising an outstanding rural GP whose mentoring and support enables other rural GPs to dedicate themselves to their patients, family and communities.

Educating and empowering the next generation of GPs is vital, according to Ken.

‘It is important that we have the systems in place for medical students who want to practice procedural skills and who want to move out into country areas to do that work.

‘Rural practice enabled me to practice a great range of things that you wouldn’t always be able to do in metropolitan regions,’ says Ken.

Family is very important to rural practice, according to Ken – he says rural practice is not about one family member.

‘We’re all in this together – support from your loved ones is really important.’

While Ken continues to practise in Waikerie, with procedural work at Berri, his wife Suzan also practises locally, after completing her Master’s Degree in Counselling. Seventeen-year-old Kijana is in boarding school in Adelaide and daughter Lerrato-Mae, 12 attends a local primary school.

‘Waikerie has been good for us; rural health offers a great life. We live in the town and are within walking distance to everything. Everybody knows you, everybody stops for a chat.

‘Teaching is one of those things you can’t get away from. I supervise undergraduate students, we have two registrars in the practice. Life is busy. I volunteer with the Lions Club, church, our kids have all their friends here and we have very good friends too,’ says Ken with a smile that you know means he loves every minute.
What started out as a short-term working adventure in rural SA has turned into a partnership opportunity with no end date for Dr Jose Valerio who arrived to take up a position in general practice and advanced obstetrics in Murray Bridge, with his wife Pam and their then 16-month-old son Amaury in 2014.

‘We came here thinking two years, but that time has come and gone! At this point, we don’t have an end date,’ says Jose, who came to be in South Australia after meeting the RDWA’s Lyn Poole and Mandy McCulloch at a medical assembly in Philadelphia.

‘RDWA provided great assistance and support to us, bringing us to Australia to see practices which enabled us to make our decision to move. They supported us to get our paperwork and affairs in order, to get my medical licence and our Australian visas. We were so happy when the day arrived to book our flights!’ says Jose.

‘2016 was a big year; we built our very first house and moved in, we had a baby girl, Lola, and I joined the Bridge Clinic as a partner.}

‘This is my first experience in private practice, and this has been an incredibly positive experience. We have a great team, there are always other doctors on call with you and you never feel alone. Australia is great because you get your patients appropriate care without having to worry about insurance status.

‘I love the scope of practice and the slower pace of living; it’s special when you live in the community you serve. I feel pretty honoured when I see a familiar faces dropping off the kids at day care. Patients seem to develop a different relationship with you as their doctor and it’s that bit easier to have them be more involved in their health.’

The Valerio’s have embedded themselves in the Murray Bridge community. Pam recently established the Murray Bridge Children’s Choir, getting back into her passion for music and performing. RDWA has been there to support Pam in developing her interests too.

‘We love Murray Bridge. It’s a slower pace than our lives back in America, which we welcome. The first few months of living here, we were invited into a dozen homes for a meal or a cuppa. The hospitality is so inviting, and we have made wonderful friends, which is a big reason we love it here,’ says Jose, who enjoys also cycling with a local riding group or taking in the beautiful sights along the Murray River.

The only downside is missing family and friends on the other side of the world.

‘If we couldn’t face time or message daily, it would be a lot harder to live so far away. We are fortunate our families and a few friends have come to visit. Showing them our lives here has been special.’
In Murray Bridge, the annual Doc’s Challenge, has quite a following by locals with an allegiance to the Ramblers Football and Netball Club. A gruelling pre-season training event followed by a community feast, it is sponsored by club stalwarts, Dr Fiona and Dr Martin Altmann.

Martin and Fiona, their three sons and daughter, have long been connected to the club.

Martin is the club doctor; Fiona can be found cooking dinner for the players or cheering from the sidelines. All the children have played for the club, at various levels.

Both Fiona and Martin are GP Proceduralists and partners at Bridge Clinic, both serving the people of Murray Bridge for more than 25 years, while raising four children, managing a busy practice and hospital work.

Martin and Fiona are strong supporters of the RDWA and the training opportunities it offers to university students. They have been involved in the RDWA’s annual Murray Bridge Clinical Skills Day (GP Anaesthetics), which allows students to experience rural medicine, anaesthetics and the role of a GP Proceduralist in a rural community.

‘We love training, it makes us keep up to date, it refreshes us and is a good retention strategy,’ says Martin.

Both Martin and Fiona love training, establishing a training position for the Advanced Diploma in Obstetrics in Murray Bridge that has produced GP Proceduralists practising in Loxton, Clare, Murray Bridge and Mount Barker.

‘We now have our eighth Registrar in training learning to do operative Obstetrics/ Caesarean sections. To my knowledge, we are the only rural GP lead location in Australia,’ says Martin.

‘And there’s the fantastic group practice of our peers at Bridge Clinic. The last 10 years has seen a generational change with as many as seven partners retiring or semi retiring, but pleasingly we have had some great additions, mainly from registrars staying on,’ Martin said.

‘It’s incredible to think that we’ve been here for 25 years, but the years have flown past punctuated really by the children’s’ milestones and great family holidays,’ says Fiona.

‘Two children moved back to Murray Bridge after their university studies; one is a teacher and one is an accountant. Our youngest is in her first-year nursing at Adelaide Uni and the fourth has spread his wings and lives in New York where he makes films,’ says Fiona.

While Martin and Fiona plan to slow down a little in a few years they see a bright future for rural medicine. Fiona has sensed a renewed interest in special skills and rewarding practice displayed by our registrars over recent years.

Fiona and Martin both received an RDWA Long Service Medal in 2018.

‘It is fantastic to be acknowledged for that time with a medal. It seems incredible to think we’ve been here for 25 years,’ says Fiona.

‘It was a lovely recognition, especially to receive it together with other rural doctors. We all have a special respect, bond and admiration - we know what we all commit to,’ says Martin.
Dr Tony Lian-Lloyd is Quorn’s longest serving doctor - he says he’ll die there – he loves it that much.

‘What’s kept me here is love. I love it here, and I’m able to practise the medicine I aspire to in a great community and environment,’ he says.

Tony came to medicine, but not rural, almost by accident. Growing up in the city, he left ‘as soon as I could get out of there’. He worked on stations, honing his skills as a rodeo rider.

During the 1970s, times were tough on the land and making a living was difficult, so Tony took a job as a technical officer at the Medical School at Adelaide University.

‘I was pretty good at what I did, and I became recognised for my knowledge of anatomy.’

The Medical School changed Tony’s life – he met his future wife there, Nes, who is now a Specialist in Medical Administration and it gave him a taste for a different life. At 26, he went back to school and completed matriculation so he could fulfil his goal of becoming a rural doctor.

‘Flinders University accepted me, and the rest is history.’

While he was studying to be a doctor, Tony and Nes had two children.

‘It’s hard on the spouse. I was a student, she had the two children, in my holidays to make some money, I went to work on stations. I only wanted to be a rural doctor. Nes married me knowing I wanted to be a rural doctor - I’m forever grateful to her for that.

‘I had to pick a town where I could practise comprehensive medicine and she could practise her specialist qualification. Quorn allowed me to run the solo practice. Nes is the Director at Port Augusta Hospital and Port Pirie Regional Health Services and my practice manager.

‘We’re here for the long haul.’

Tony became involved in getting students interested in a rural career by developing an intensive immersive weekend where medical students get a ‘real taste’ of rural medicine.

‘RDWA has been so supportive of students and getting them to consider being rural GPs,’ says Tony.

The Quorn Clinical Skills Weekend, run by RDWA and hosted by Tony, has become a most highly sought student experience.

‘We try to give them an experience of the wide-ranging clinical presentations but also what it’s like to live out here in this beautiful part of the world, combining clinical with adventure and a hike to Devil’s Peak, which has the most spectacular views.’

Tony offers a strong voice for rural doctors and their hospitals, recognising the role country hospitals play as a major employer, community lifeblood and, of course, keeping a doctor in the town.

‘It’s a hard life, solo. You need to think about your family, education, schooling, opportunities for your spouse. But it’s so worth it. I wouldn’t change anything.’
Dr Alison Edwards was first drawn to rural practice as a student, enjoying every aspect of clinical practice and deciding that being a rural GP was the best place to practise a broad range of clinical skills including procedural skills in anaesthesia, emergency medicine and inpatient care alongside GP clinic work.

Alison arrived in Port Broughton in 1994, and quickly became one of their own. By her own admission she’s a ‘what you see is what you get’ person.

‘The town have seen me at work, at the pub, at footy, at the tinny bar, at weddings, at funerals, as a player, as a supporter, as a step-parent, as a partner, as a widow, as a volunteer, as a backup singer in a charity band, as an organiser, as a cyclist, as a runner, as a low-grade netballer, as a mock-debutante... the list goes on,’ says Alison.

‘The support provided by the RDWA definitely helps make the life of a rural GP easier, from helping recruiting, supporting via locums, providing specialist support and the new SAVES program which looks like a great way of providing less nocturnal disturbances to rural GPs.’

She’s been a tireless advocate and supporter of rural GPs over many years, involved with doctor organisations at the local, state and federal levels.

Thinking she might have some spare time when she first arrived in Port Broughton, Alison volunteered with the Rural Doctors Association (SA) and soon found herself secretary for four years; followed by a further four years on Australian Medical Association SA Branch Council.

Alison has held leadership positions with the Divisions of General Practice at local, state and national level since 2000, following those organisations as they transmogrified to Medicare Locals, and was appointed inaugural Chair of the Country SA PHN Board, a office she continues to hold.

‘I am keen on improving systems. I have always maintained that if you want to whinge about something you should get involved and try to make it better,’ says Alison, who has also been a member of the local hospital Board since 2001 until it became a Health Advisory Committee, and is currently its Presiding Member.

It is not surprising that the drive to improve is evident outside her professional life - with cycling and marathon running hugely important to Alison.

‘I ran the City-Bay a couple of times, took my running shoes on a trip to the UK, and running along the Thames planted the seed of committing to run the London Marathon.

After raising $30,000 for the Leukaemia Foundation, Alison ‘joined the throngs to plod around London in 2014’. With her usual humour Alison quips, ‘it was quite a commitment training to run a marathon as well as work, be on-call, and fundraise!’
Twice a month, Joy packs a bag and heads off to rural South Australian locations that don’t often see a female GP. As a Women’s Health Specialist, Joy says being able to treat patients near to where they live is very satisfying.

‘I’ve been doing this now since 2002. I go wherever I’m needed,’ says Joy.

‘Sometimes the patients have driven quite a distance to see me, but it’s still more convenient for them than having to drive into Adelaide.’

She’s treated patients in Kimba, Cleve, Robe, Kingston, SE, Lucindale, Cowell, Ceduna, Coober Pedy and Whyalla.

‘I’m very privileged to be able to work in rural South Australia and offer a service to women, through the RDWA, who might not necessarily be able to access a female GP due to their location. In a small way, I believe I’m helping to make a positive difference to their lives,’ says Joy O’Hazy, one of RDWA’s dedicated Outreach Health Professionals.

‘The service I provide through the RDWA allows women who live in country areas that don’t have a resident female GP the opportunity to see a female doctor.

‘It’s good to be able to provide a needed service, and I really love the work and the travel.’

She’s worked for Medecins San Frontieres in Iran which led her to work with a Refugee Health Service on her return to Adelaide.

‘I think it’s worth reflecting on your own passions, capacities, experiences and talents. Work out what you can contribute and do that.’

Joy has done just that; working out her passion is Women’s Health – so much so, that it is also a big part of her private life.

In 1995, at the UN Women’s Conference in Beijing, actor Sally Field inspired Joy with the idea that women in developing countries could survive birth in far greater numbers if they had access to a few basic, clean items. After four years of research, Joy developed a Birthing Kit which was adopted by the professional women’s organisation, Zonta, which set about assembling and distributing the kits.

In 2006, the Birthing Kit Foundation Australia was established and in June 2018, an incredible milestone was reached – the two millionth kit was prepared for distribution.

‘They are provided free to women in need in developing countries. We have also educated birth attendants on midwifery, hygiene and how to care for mums and their babies.’
To say Dr Marion Crompton’s life is busy is an understatement.

A GP Proceduralist in Obstetrics, she’s based in a busy practice in Clare, and she’s a Medical Educator, an RDWA Board Member, studying for her Masters in Rural and Remote Medicine, Secretary/Treasurer for Mid North Tennis Association and about to welcome her first child.

‘I like to be busy,’ says Marion, typical of the ‘now’ generation of rural doctors who have found a way to achieve work/life balance.

‘When I arrived in Clare 9 years ago, we were on call all the time, you basically needed permission to go away for a weekend because there were only two doctors in Clare who could do C-sections.

‘We now have a roster, patients still get their choice of doctor, but we are rostered on one in three weekends. That’s made life much more manageable and that’s attractive to my generation of rural doctors. We know how important it is to have a reasonably balanced life.’

The RDWA, she says, understands rural practice is changing and is a big supporter of ‘all things rural’.

‘We know that the RDWA has our best interests at heart. Everything the RDWA does supports the health care services that are delivered in rural communities.

‘Ten years ago, the partners built a new facility. We’ve now got good rooms, the numbers of doctors have increased dramatically, and if there’s trauma in the middle of the night, there is someone on call, but there will also always be someone who will come and help you.

‘You will be safe on call. And that’s made a real difference to the doctors and the patients.’

She believes the practice model established in Clare will serve the medical needs of the community well into the future.

‘We’ve established a mix of personalities and skill base and you can build your succession planning on top of the skill base. Importantly, everyone’s supportive of new doctors coming in.’

She chose to become a GP Proceduralist because while she loved Obstetrics, she didn’t want to specialise in it.

‘I wanted to do the lumps and bumps of general practice as well. Becoming a rural GP Proceduralist gave me the perfect combination.’

Marion chose Clare as her new home, because she was familiar with SA’s mid-north, with her mother from Hallett and her grandparents from Booborowie.

Tennis is a big passion, and she agrees being part of a sporting club helps the local community get to know and accept new GPs.

‘The locals joke that the doctors have taken over the club, because the President is also a GP,’ she laughs.
After finishing Medical School in 2008, there was no room in Kris’ home town, Pt Lincoln, for a Registrar, so with the support of RDWA, Kris looked further afield.

‘I got to go to Ceduna for a year and help them restart an Obstetric Service and set up my own practice. I loved my year, and I am very proud that being there enabled local women to have their babies at home again. I am so glad the RDWA managed to keep this service going, it’s so important for people in rural communities to be able to access good health services,’ she says.

While in Ceduna, Kris, husband David and daughter Sally, began looking for locations to set up their practice for their return to Port Lincoln.

Sally, who completed the RDWA’s Diploma of Practice Management, has been the Practice Manager since day one.

Starting the Old Court House building, within five years they moved to the larger ‘Eyre House’, which they have recently expanded to 15 rooms.

‘In February 2009 I started with me as the GP and Sally as the Receptionist/Practice Manager. Today we have two GPs, three registrars, an intern from RDWA program, at least one medical student, two midwives, three nurses, four administration staff and the practice manager.’

Boston Bay Family Health Practice provides a full range of rural medical services including anaesthetics, Obstetrics and Emergency Medicine at the local hospital.

‘In 10 years, we have delivered over 1200 babies for Port Lincoln and the rest of Eyre Peninsula. This is almost half of all the babies delivered in Port Lincoln. Our latest service is the introduction of three medical grade lasers for both medical and cosmetic applications.’

Kris trains students, interns and registrars, because ‘they are the future of rural practice - and because they train us, bringing the latest ideas and guidelines to keep us up to date.’

‘Rural Medicine is the best job in the world. Where else can you start the day with a Caesarean section, do an anaesthetic list, go to the clinic to see some patients, head back to the hospital, deliver a baby, and finish the day in the Emergency Department helping with a few problems?’

Sometimes when you’re head down swimming, often against the tide, you don’t realise where you’ve got to.

I am very proud of what we’ve achieved and contributed to Port Lincoln and the Eyre Peninsula. The current practice and extension are a $2 million contribution by a single family to the region’s health services.

Life hasn’t been all smooth sailing. In 2014, Kris was diagnosed with Breast Cancer, which fortunately only required surgery and radiotherapy.

‘There was a silver lining; I learnt how nice it was to have time off and that everything keeps moving in my absence. Since then we have taken a lot more holidays and enjoyed things outside work a lot more. I’m glad to say I have been cancer clear for the last four years.’

With David and their two sons Dale and Jimi running their farming business – a Suffolk stud, 1200 sheep, cropping 2500 acres and contracting hay services, Kris reflects on the greatest achievement, the expansion of her family.

‘We have had three weddings and five grandchildren - Duke, Jax, Bonnie, Katalina and Brodie.

‘And I have to tell you, that out of everything I’ve done, grandkids are the best and I didn’t even have to do anything.’
When Dr Willem Joubert arrived in South Australia from South Africa, in 2002 he was searching for a safer life for his family. He found it.

‘I am an IMG who immigrated to Australia in 2002. RDWA organised the process after I contacted them to explore the option to come to Australia. RDWA has supported me all along, from welcoming me to Australia, to when I was preparing for my college exams. When I moved from Lameroo to join Goolwa Medical Centre, I have always been grateful for the contact and support from the RDWA.’

After serving the community of Lameroo for more than seven years, Willem and his family settled near Finniss, on the Fleurieu Peninsula, to practise at Goolwa and then to become a locum with RDWA.

‘Locum work is a way I can give back to other rural doctors. I know how hard they work; I can give back by relieving them, allowing them to have time away from work, which was something I was very thankful for during my time in Lameroo,’ says Willem.

RDWA’s Locum Program provides locum relief for planned leave, placing highly skilled GPs with significant rural experience, like Willem, in the resident GP’s practice.

‘This is great for the rural GPs, because they get a break and it’s also good for their patients as they can continue to access local medical care,’ says Willem.

‘I’ve been lucky; working as a locum has allowed me some time now to do the things I like to do. I have a small vineyard and I’m an amateur winemaker, who makes and experiments with wine-making in my shed. I was always interested in wine and was dreaming of having a small vineyard one day when I retire.

‘What attracted me to locum work was the variety and the different rural communities. I do enjoy the work because I can focus on delivering good medicine to the patients and do not need to have to be involved in administration of the practice. I also have quality time off to spent with my family and to enjoy my hobbies.’

Willem was born and grew up in a rural town in South Africa. He studied medicine there too, before spending two years in the South African Army as a medical officer. His love of rural practice stems from his upbringing.

‘Medicine was an interest to me mainly because my Mother was a midwife and was doing deliveries for the local Mothers in our house at times. I grew up on a farm and attend a very small primary school and later went to a boarding school in a city,’ says Willem.

These days Willem enjoys travelling to different rural communities, meeting the people and learning about their stories.
John Lynch

Royal Flying Doctor Service, Central Operations

‘Our partnership with RDWA embodies the mission and charter of our organisations. We meet at the point of our goals to advance primary health care for rural communities,’ says John Lynch, CEO RFDS Central Operations.

‘RFDS Central Operations congratulates the RDWA on their 20th birthday, and thanks them for their guidance, advocacy and support for regional practitioners,’ says John.

‘RDWA is a special body that saw an issue and addressed it.’

RFDS Central Operations and RDWA’s partnership is diverse, working to provide training to the resident General Practitioner workforce, exposure to the diversity of a rural career for allied health, nursing and medical rural workforce of the future, as well as establishing a strong women’s health outreach program in towns that do not have female GPs.

‘RFDS Central Operations has been privileged to work directly with RDWA in training elements including the RESP program and more recently we transferred the management of the Rural Women’s GP Service to RDWA and the transition was seamless,’ says John.

‘Our ‘Ride Along Program’ in partnership with RDWA has enabled more than 1,300 health discipline university students to experience the real life care our aeromedical teams provide to SA’s rural and remote communities. I am confident that soon we will be celebrating the new milestone of providing this experience to the 2,000th student,’ says John.

‘Ninety years ago the RFDS was proclaimed an organisation by our founder the very Reverend John Flynn and our creation was on the basis of ensuring equal access to health services for all, particularly those brave and bold enough to explore the harsh rural and remote of this great land.

‘Some 70 years after our establishment the RDWA was introduced with a similar vision, ensuring equal access for those in rural and remote along with an education mantra to support those who are service providers.

‘What a pathway to source talent and then to ensure they are supported and equipped to meet the challenges they may face and those lessons are available before the matter occurs in many cases’, says John.

‘What a vision!
‘What a journey!
‘What a relationship!’
Aboriginal Health Council of South Australia

‘The Aboriginal Health Council of South Australia Limited partners with RDWA on a number of Aboriginal health programs and initiatives including the Back on Country Collaboration Training Agreement, AHCSA Eye Health and Ear Health Programs, the Visiting Optometrists Scheme and AHCSA’s Annual GP Forum,’ says Chief Executive Officer Shane Mohor.

‘AHCSA has enjoyed a long and productive partnership with RDWA for many years with a shared vision to improve the health services, access and health outcomes for Aboriginal people through direct collaboration with AHCSA and the ACCHO sector,’ says Shane.

‘Regular meetings between AHCSA and RDWA ensure that strong communication and collaboration is maintained and continued.

‘RDWA has also generously supported AHCSA with our NAIDOC Week Open Day Events, Student Graduations, AHCSA Health Awards and other important Aboriginal community celebrations.

‘AHCSA in turn have provided support to RDWA on a number of RDWA conferences such as the RDWA 2017 Annual Conference and University Students Rural Health Conference and the RDWA 2016 Helping Hand Event,’ says Shane.

As the peak body representing Aboriginal Community Controlled Health and Substance Misuse Services in South Australia at a State and National level, AHCSA’s primary role is to be the ‘health voice’ for all Aboriginal people in South Australia.

‘We achieve this by advocating for the community and supporting workers with appropriate Aboriginal health programs based on a holistic perspective of health. AHCSA is a membership-based peak body with a leadership, watchdog and sector support role, and a commitment to Aboriginal self-determination,’ says Shane.

‘RDWA has played a fundamental role in supporting Aboriginal people in South Australia in improving their health through eye and ear health program funding, supporting AHCSA Members with GP services and supporting AHCSA with funding training for the Aboriginal health workforce.

‘RDWA is a highly valued partner to AHCSA and we look forward to this continuing into the future,’ says Shane.

‘Together we have achieved some fantastic outcomes for the Aboriginal Community, and AHCSA congratulates RDWA on 20 wonderful years.’
AOGP and RDWA’s partnership is diverse and innovative, and constantly adapting to enable RDWA’s services to be responsive to the changing needs of rural GPs and the future rural GP workforce.

‘I’ve always agreed with RDWA’s philosophy to engage students and show the benefits of a rural career, as well as encourage country kids into a career in health. Whenever I can get involved and get positive rural role models involved in talking to students I will’, says Dr Tim Kelly, CEO, AOGP.

‘We are constantly working to have rural work recognised as valid and important.’

Tim’s work with RDWA’s Road to Rural Intern Program ensures the practices that support the interns, the metropolitan Local Health Networks who provide access to interns and the Interns themselves have great exposure to rural general practice.

AOGP has supported the delivery of RDWA programs and support for international doctors who are working toward achieving Fellowship for many years, and AOGP played a major role in the redesign of RDWA’s Fellowship Strategy Program which was launched last year.

Tim’s interest in technology and evolving AOGP’s education programs is vital in providing the responsiveness to changing environments.

As Clinical Director for the innovative RDWA SAVES virtual emergency service, Tim understands how this service provides support to support to GPs in small rural hospitals.

‘SAVES is provided by a panel of rural/ex-rural GPs who understand the locations that we deal with. We provide overnight support, and my work includes participation on the panel, and clinical governance and risk management to support the service to deliver safe and effective care,’ says Tim.

‘I’ve been interested in telemedicine for a long time. What I have learnt over the years is that it’s important that you understand the context to make it work to its full potential. I think that the panel we have put together demonstrates this well.

‘RDWA’s role in supporting the rural workforce makes them the right fit to manage the range of health workforce programs and achieve the best outcomes.

‘RDWA is the ‘go to’ place for any rural health professional who is looking for some form of support. The support has broad reach, from clinical and business development to individual grants, and our partnership with RDWA is focussed on practical and tangible services for rural health workforce,’ says Tim.
‘Our partnership with RDWA began in 2004 when a small multidisciplinary team of clinicians worked to develop and deliver a teaching program dedicated to supporting Rural Practitioners to build their clinical skills in emergency medicine, resuscitation and critical care; and so was born the Rural Emergency Skill Program, RESP for short,’ says LearnEM Director, Dr Peter Stuart.

‘Through that 15-year partnership our team has delivered 150 RESP workshops for rural SA and pioneered the development of the blended (eLearning/Workshop) model for postgraduate medical training in Australia.

‘We have developed resources including the textbook ‘ABCDS of Emergency Medicine’, provided additional training through RESP and RDWA conferences, supported training for RDWA’s Locum GPs, and developed new programs with the RDWA for training and credentialing in Primary Care Ultrasound, Neonatal Resuscitation and Procedural Sedation.’

RESP was created in response to RDWA’s call for the development and delivery of a uniquely ‘rural’ program that incorporated training in Resuscitation, Basic and Advanced CPR, Advanced airway management, Management of major trauma and Paediatric emergency care that could be delivered locally to rural GPs.

Peter and colleagues including Dr David Thompson, Dr Joy Treasure and Dr Jason Bament developed an innovative program that brought together a small team of enthusiastic, rurally focused, facilitators, many of whom are still involved in the program.

‘We continue to evolve our training in response to feedback from rural GPs, resulting in the incorporation of new skills and topics and changes to how the teaching is delivered with a greater focus on critical thinking, team work skills and clinical simulation,’ says Peter.

‘The fact that the training has been delivered consistently over that past 14 years with the majority of rural GPs now having attended the training on multiple occasions indicates the importance and value of the training for rural practice.

‘As a team we are very proud of having had the opportunity to work with the RDWA in the delivery and continued development of a program that has without doubt led to improved patient outcomes for patients with critical illness or injury who have received their initial care in a rural hospital in SA.’

Reflecting on the difference LearnEM and RDWA’s partnership has made, Peter says, ‘RESP is unique to South Australia. No other state in Australia provides any such similar program, and this has resulted in a rural GP work force that is well trained in critical care skills for managing the seriously ill or injured in rural SA.’
Kim Hosking

Country SA PHN

‘The partnership with RDWA is very important to us at the Country SA PHN as the RDWA shares the PHN’s values in supporting the needs of country regions,’ says Kim Hosking, Country SA PHN’s CEO.

‘RDWA maintains a close working relationship with the CSAPHN and we share resources and information in order to value add to our collective work in supporting rural GPs and other service providers. Our staff meet and as CEOs, Lyn and I share strategy and provide common direction – that’s where our partnership starts. Our standing joke is that our partnership is affectionately referred to as the ‘Mile End Agreement’, given the pub sits half way between our two buildings on Henley Beach Road.

‘RDWA provides an invaluable service to rural health professionals, enabling recruitment and retention of service providers, as well as support to practice and provider business capacity and even to systems that support the welfare of GP’s and others in their local settings.’

Kim says that while rural people are strong and resilient, their communities increasingly struggle to obtain support for their needs.

‘Basic services and needed activities are increasingly becoming more distant from smaller communities and economies of scale and efficiency drives see support being centred away from small communities or lost to country all together.

‘Increasingly rural people must access services from the city and the cost and time impost on rural people becomes more onerous or indeed out of the capacity. The work of the providers left to service local needs also becomes more demanding. Any activity to support local communities is welcome and the RDWA and CSAPHN share an understanding of the rural need and share the creativity to respond to same,’ says Kim.

The RDWA’s Outreach programs play a major role in serving these local needs.

‘The RDWA has for a long time, enjoyed a positive relationship with general practice and the medical specialist and increasingly allied health workforce and is a well-respected in its support of the workforce. They may be well proud of the support they have provided over such a long time,’ says Kim.
Our Charter and Strategic Directions

The RDWA is governed by the Board, and Board Directors are the Members of the Association.
Directors are appointed for three-year terms. Three Member terms were due to expire at the completion of the Annual General Meeting in November 2017.

The Board called publicly for nominations to the positions of Rural Medical Practitioner, Member with Financial Expertise and Doctor in Training. Following a selection process, successful applicants were appointed for three-year terms from November 2017.

Dr Richard Mackinnon, Rural Medical Practitioner, did not seek re-selection. Dr Tim Bromley was appointed to the position of Board Member, Rural Medical Practitioner.

Mr Bill Hamill, Board Member with Financial Expertise, sought re-selection and was re-appointed.

Dr Tim Bromley was not eligible to apply for the position Doctor in Training. Dr Lachlan Mackinnon was appointed to the position, Board Member, Doctor in training.

Dr Richard Mackinnon was Board Chair until the conclusion of the Annual General Meeting (AGM) in November 2017. Mr Bill Hamill was the Treasurer.

Chair and Treasurer appointments are made each year at the Meeting following the AGM. Dr Mike Beckoff was elected Chair in December 2017 and Mr Bill Hamill was reappointed Treasurer.

Prior to the AGM, the Board’s Audit and Risk Committee comprised the Treasurer, Mr Bill Hamill (Chair), Dr Mike Beckoff, Ms Erin McCarthy and A/Prof David Rosenthal.

After the AGM, the Audit Committee Membership comprised the Treasurer, Mr Bill Hamill (Chair), Ms Erin McCarthy, Dr David Senior and Ms Alyson Smith.

Board Member, Rural Medical Practitioner, A/Prof David Rosenthal was granted leave of absence and then concluded his appointment to the Board after taking up a new professional role. The Board determined that it would not fill the casual vacancy during 2017-18.
Board Members

Dr Richard Mackinnon, Chair, to November 2017
Dr Michael Beckoff, Chair, from December 2017
Mr Bill Hamill, Treasurer
Dr Seshu Boda
Dr Timothy Bromley
Dr Marion Crompton
Ms Andrea Ferguson
Ms Erin McCarthy
Dr Lachlan Mackinnon, from November 2017
A/Prof David Rosenthal, to June 2018
Dr David Senior
Ms Alyson Smith
Staff Members

Cathy Aktanarowicz
Sharon Ayres
Dr Zak Baig
Alyssa Bates
Julie Bolton
Thomas Bristow
Andrea Brown
Dr David Brown
Andy Burns
Janetta Caire
Shirley Capitano
Dr Neville Carlier
Meredith Carlier
Lauren Channon
Dr Mark Chia
Alex Conway
Dr Greg Crafter
Dr Michelle Cresp
Sarah Cruse
Glenn Dunbar
Denise Fabbro
Toni Fielke
Dr Ray Goodwin
James Greenhalgh
Jenny Wilson
Donna Harrison
Louise Holley
Isabella Johnson

Dr Willem Joubert
Dr Jonas Kasauskas
Jeff Kelley
Dr Tim Kelly
Dr Yen Koh
Dr George Kokar
Jo Krieg
Dr Peter Kriage
Adina LaForgia
Dr Sarah Lamanuzzi
Dr Judy MacDonald
Michelle Manuel
Dr Evan Markwick
Nicola Mason
Dr Gabe Mayland
Dr Lawrie McArthur
Sarah McArthur
Mandy McCulloch
Sean McCulloch
Dr Vikki McLaughlin
Dr Karen Sumner
Dr Andrew Miller
Dr Michael Moran
Dr Johanna Muller
Dr Graeme Nicholson
Dr Philip Noble
Blessing Nyoni
Helen O’Malley

Jenni Phelps
Lisa Pigliafiori
Michelle Pitot
Lyn Poole
Jo Rolph
Maria Russo
Rick Schneider
Gretchen Scinta
Dr Roger Sexton
Dr Hema Shankar
Dr Russell Shute
Dr Godfrey Sibanda
Ricky Stocker-Johns
Dr Alec Stolz
Dr Sean Taylor
Ben Trappel
Angela Tridente
Maraya Verdenk
Dr Oswell Viki
Dr Richard Watts
Dr Richard Weate
Dr Graham Wildman
Dr Rohan Williams
Richard Wilmot
Azemara Woldgabreal
Barbara Wright
Katrina Zadow
<table>
<thead>
<tr>
<th>Central Adelaide Local Health Network Incorporated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Rishi Agrawal</td>
</tr>
<tr>
<td>Dr Jan Fairchild</td>
</tr>
<tr>
<td>Dr Ral Antic</td>
</tr>
<tr>
<td>Dr Dale Ashby</td>
</tr>
<tr>
<td>Dr Paul Athanasiov</td>
</tr>
<tr>
<td>Tullawon Health Service Incorporated</td>
</tr>
<tr>
<td>Mr Tyson Baird</td>
</tr>
<tr>
<td>Ms Talitha Baird</td>
</tr>
<tr>
<td>Dr Peyman Bakhtiarian</td>
</tr>
<tr>
<td>Dr Antoinette Bearman</td>
</tr>
<tr>
<td>Dr Warwick Black</td>
</tr>
<tr>
<td>Dr Karyn Boundy</td>
</tr>
<tr>
<td>Dr Christine Burdeniuk</td>
</tr>
<tr>
<td>Dr Simon Burnet</td>
</tr>
<tr>
<td>Dr Kirsten Campbell</td>
</tr>
<tr>
<td>Dr V Sekhara Reddy Challa</td>
</tr>
<tr>
<td>Dr Ian Chapman</td>
</tr>
<tr>
<td>Mr Ken Chenery</td>
</tr>
<tr>
<td>Ms Bonnie Cheyne</td>
</tr>
<tr>
<td>Mr Chris Connelly</td>
</tr>
<tr>
<td>Dr Susan Crail</td>
</tr>
<tr>
<td>Mr Geoffrey Craven</td>
</tr>
<tr>
<td>Dr Robert Culver</td>
</tr>
<tr>
<td>Dr Garry Davis</td>
</tr>
<tr>
<td>Mr Jelle de Bock</td>
</tr>
</tbody>
</table>

| Dr Anthony Dinesh |
| Dr Shane Durkin |
| Dr Hamish Eaton |
| Mr Craig Edwards |
| Ms Rachel Elovaris |
| Mr Jose Estevez |
| Dr Jacob Alexander |
| Dr Ken Fielke |
| Dr Stephen Fitzgerald |
| Dr Stephen Fioreani |
| Mr Paul Fotkou |
| Dr Bruno Franchi |
| Dr Lalith Gamage |
| Dr Vipulajith Prasantha Gange |
| Dr Shane Gill |
| Dr Geetha Giri |
| Mr Jose Gonsalves |
| Mr James Gotting |
| Women’s and Children’s Health Network Incorporated |
| Dr Timothy Gray |
| Mr Andrew Griffiths |
| Dr Alethea Grobler |
| Dr Neeraj Gupta |
| Mr Benjamin Hamlyn |
| Dr Thomas Han |
| Mr Mitchell Hancock |
| Dr Michael Harbord |

| Dr Luke Higgins |
| Nunkuwarin Yunti of SA Inc |
| Prof Michael Horowitz |
| Ms Mary Houlanah |
| Dr Harry Hustig |
| Dr Joshua Jervis-Bardy |
| Dr David Jesudason |
| Dr Ian Jones |
| Mr Sean Jones |
| Dr Thomas Kimber |
| Dr Rebecca Kurlinkus |
| Dr Aparna Laddipeerla |
| Dr Nursing Laddipeerla |
| Dr Stewart Lake |
| Dr Michael Lane |
| Umooa Tjutagku Healt Service Aboriginal Corporation |
| Dr Adriana Lattanzio |
| Ms Megan Leaney |
| Dr Kathy Lee |
| Dr Marek Litvin |
| Dr Ewan Macaulay |
| Dr Patricia MacFarlane |
| Nganampa Health Council Inc |
| Dr Brian McKenney |
| Dr Julian McNeil |
| Assoc Prof Richard Mills |
| Aboriginal Health Council SA Inc |

| Dr Mark Morton |
| Dr Daniel Mosler |
| Dr Ludomyr Mykyta |
| Dr Marni Nenke |
| Dr Igor Nikitins |
| Mr David O’Brien |
| Southern Adelaide Local Health Network Incorporated |
| Australian College of Optometry |
| Dr Ann Olsson |
| Ms Elise Pocknee |
| Mr Anthony Robinson |
| Dr Adam Rudkin |
| Dr Manodhi Saranapala |
| Mr Kym Schellen |
| Dr Geoffrey Seidel |
| Dr Norman Shum |
| Dr Ben Smith |
| Ms Alison Spurr |
| Dr Cathy Love |
| Mr Dion Stanbury |
| Mr Murray Stanley |
| Dr Nigel Stewart |
| Dr Shirley Sthavan |
| Dr George Stolz |
| Assoc Prof Steve Stranks |
| Dr Jorg Strobel |
| Assoc Prof William Tam |
| Dr Graeme Taylor |

| Ms Christelle Thomas |
| Mr Mark Thompson |
| Dr Prashant Tibrewal |
| Dr Philip Tideman |
| Dr Elizabeth Tiernan |
| Dr Sally Tregenza |
| Dr Emily Tucker |
| Dr Christopher Tyson |
| Dr Michael Warhurst |
| Dr Lachlan Warren |
| Barmera Medical Clinic |
| Dr Alan Wigg |
| Dr Ian Wong |
| Nuyara Aboriginal Health Service Incorporated |
| Assoc Prof Christopher Zeitz |
| Prof Justin La Brooy |
| Ms Micaela Hollis |
| Ms Mary Trowbridge |
| Mr Craig Fisher |
| Dr Cathy Love |
| Dr Tim Semple |
| Dr Susan Cosoff |
| Dr Helen Murray |
| Dr Rene Pols |
| Dr Meredith Frearson |
| Dr Kerrie Beecroft |
| Dr Jodi Willas |
I have pleasure in presenting the audited financial statements for the Rural Doctors Workforce Agency for the year 1 July 2017 to 30 June 2018.

The extract financial statements presented are a summary of the Rural Doctors Workforce Agency Incorporated full financial report for the financial year 2017-18. A copy of the RDWA’s 2018 Annual Financial Report, including the independent audit report, is available upon request.

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

RDWA’s income was $16,629,801 with expenses of $16,461,516, resulting in retained earnings of $168,285.

Total assets after depreciation as at 30 June 2018 were $9,925,587 and total liabilities were $5,818,864. Retained earnings total $4,106,723 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 Committee and the Board to support financial monitoring and oversight.

I would like to thank Audit Committee Members Dr Michael Beckoff and A/Prof David Rosenthal who completed their terms on the Committee in December 2017 and June 2018 respectively, and Ms Erin McCarthy who continued as a Member of the Committee. Dr David Senior and Ms Alyson Smith, joined the Audit Committee in December 2017 and February 2018 respectively.

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

Bill Hamill
Treasurer, RDWA
Extract Statement of Profit or Loss and Other Comprehensive Income
As At 30 June 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>16,345,136</td>
<td>16,999,359</td>
</tr>
<tr>
<td>Other income</td>
<td>284,665</td>
<td>135,579</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(1,725,894)</td>
<td>(1,611,817)</td>
</tr>
<tr>
<td>Board and committee expenses</td>
<td>(139,524)</td>
<td>(163,444)</td>
</tr>
<tr>
<td>Locum program</td>
<td>(3,454,169)</td>
<td>(3,765,941)</td>
</tr>
<tr>
<td>Retention</td>
<td>(2,420,521)</td>
<td>(1,777,027)</td>
</tr>
<tr>
<td>Recruitment</td>
<td>(1,026,721)</td>
<td>(1,106,628)</td>
</tr>
<tr>
<td>Business services</td>
<td>(24,594)</td>
<td>(2,273)</td>
</tr>
<tr>
<td>National representation</td>
<td>(56,400)</td>
<td>-</td>
</tr>
<tr>
<td>Outreach services</td>
<td>(5,919,130)</td>
<td>(6,532,213)</td>
</tr>
<tr>
<td>Attraction</td>
<td>(964,543)</td>
<td>(661,616)</td>
</tr>
<tr>
<td>Allied health and nursing</td>
<td>-</td>
<td>(408,395)</td>
</tr>
<tr>
<td>Workforce viability and planning</td>
<td>(694,522)</td>
<td>(447,160)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(35,498)</td>
<td>(91,032)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>168,285</td>
<td>567,392</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>168,285</td>
<td>567,392</td>
</tr>
</tbody>
</table>
Extract Statement of Financial Position
As At 30 June 2018

<table>
<thead>
<tr>
<th>Assets</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>9,580,225</td>
<td>7,623,178</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>144,301</td>
<td>848,625</td>
</tr>
<tr>
<td>Current tax receivable</td>
<td>2,705</td>
<td>-</td>
</tr>
<tr>
<td>Other assets</td>
<td>79,769</td>
<td>93,510</td>
</tr>
<tr>
<td>TOTAL CURRENT ASSETS</td>
<td>9,807,000</td>
<td>8,565,313</td>
</tr>
<tr>
<td>NON-CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>118,587</td>
<td>153,964</td>
</tr>
<tr>
<td>TOTAL NON-CURRENT ASSETS</td>
<td>118,587</td>
<td>153,964</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>9,925,587</td>
<td>8,719,277</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>2,416,824</td>
<td>1,914,361</td>
</tr>
<tr>
<td>Current tax liabilities</td>
<td>-</td>
<td>12,734</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>843,560</td>
<td>689,040</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>2,442,631</td>
<td>1,983,672</td>
</tr>
<tr>
<td>TOTAL CURRENT LIABILITIES</td>
<td>5,703,015</td>
<td>4,599,807</td>
</tr>
<tr>
<td>NON-CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>115,849</td>
<td>181,032</td>
</tr>
<tr>
<td>TOTAL NON-CURRENT LIABILITIES</td>
<td>115,849</td>
<td>181,032</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>5,818,864</td>
<td>4,780,839</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>4,106,723</td>
<td>3,938,438</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equity</th>
<th>2018 ($)</th>
<th>2017 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated surplus</td>
<td>4,106,723</td>
<td>3,938,438</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>4,106,723</td>
<td>3,938,438</td>
</tr>
</tbody>
</table>
Extract Statement of Cash Flows
For the Year Ended 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers</td>
<td>1,263,181</td>
<td>1,504,933</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(15,835,916)</td>
<td>(15,951,220)</td>
</tr>
<tr>
<td>Interest received</td>
<td>122,673</td>
<td>114,272</td>
</tr>
<tr>
<td>Receipts from grants</td>
<td>16,403,182</td>
<td>14,232,316</td>
</tr>
<tr>
<td>Net cash provided by/(used in) operating activities</td>
<td>1,953,120</td>
<td>(99,699)</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of plant and equipment</td>
<td>3,927</td>
<td>51,343</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>-</td>
<td>(120,908)</td>
</tr>
<tr>
<td>Loan monies received</td>
<td>-</td>
<td>6,500</td>
</tr>
<tr>
<td>Net cash used by investing activities</td>
<td>3,927</td>
<td>(63,065)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents held</strong></td>
<td>1,957,047</td>
<td>(162,764)</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>7,623,178</td>
<td>7,785,942</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of financial year</td>
<td>9,581,225</td>
<td>7,623,178</td>
</tr>
</tbody>
</table>
Statement by the Board of Management

In the opinion of the board the financial report for the year ended 30 June 2018:

1. Present fairly the operations of the Rural Doctors Workforce Agency Incorporated as at 30 June 2018 and its state of affairs for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.

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

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

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profits Regulation 2013.

Board member

Mr Bill Hamill (Treasurer)

Ms Erin McCarthy

Dated this 24th day of August 2018
Independent Audit Report
2017 - 2018

Rural Doctors Workforce Agency Incorporated

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


Opinion

We have audited the financial report of Rural Doctors Workforce Agency Incorporated (the Association), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the statement by the board of management.

In our opinion, the accompanying financial report presents fairly, in all material respects, including:

(i) giving a true and fair view of the Association’s financial position as at 30 June 2018 and of its financial performance and its cash flows for the year ended; and

(ii) complying with the Associations Incorporation Act 1985.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the auditor independence requirements of the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of Management and Those Charged with Governance

Management is responsible for the preparation and fair presentation of the financial report in accordance with the Associations Incorporation Act 1985, and for such internal control as management determines is necessary to enable the preparation of the financial report is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Association’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association’s financial reporting process.
Rural Doctors Workforce Agency Incorporated

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

Auditor’s Responsibilities for the Audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located on the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor’s report.

MOORE STEPHENS

GRAEME RODDA
DIRECTOR

Adelaide
24 August 2018
Acknowledgements

RDWA acknowledges our funding partners:

Australian Government
Department of Health

Government of South Australia
SA Health