



July 2017 – June 2018 ANNUAL REPORT

**Central Queensland Rural Division of
General Practice**
trading as
Central Queensland Rural Health

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OUR VISION

Excellence and Sustainability in Rural Health

OUR STRUCTURE



Central Queensland Rural Division of General Practice (CQRDGP) is registered with the Australian Charities and Not-for-profits Commission (ACNC) and trades as Central Queensland Rural Health.

CQRDGP operate the wholly owned subsidiary company, Rural Health Management Services (RHMS). CQRH and RHMS have been accreditation for the implementation of a management system conforming to *ISO 9001:2015*.

WHAT DO WE DO?



Increase the range of services available through General Practice and other Primary Health Care providers



Increase the provision of Allied Health services available through General Practice



Improve access to Primary Health Care services through General Practice for high risk, disadvantaged and special need populations



Increase the effectiveness of General Practice through the prevention, early intervention and effective management of chronic disease



Explore the development of business and commercial services, and actively seek and attract funding from diverse sources – public or private sector



Actively support activities to increase General Practice and Primary Health care workforce

DIRECTORS

Directors			
Name	Position	Dates acted	Meeting Attendance <small>10 Board Meetings held 2 Face to Face Meetings held</small>
 Dr John Evans	Director President	July 2017 – May 2018 May 2018 – June 2018	9 Meetings 2 Face to Face
 Dr Michael Belonogoff	President Director	July 2017 – May 2018 May 2018 – June 2018	9 Meetings 2 Face to Face
 Dr Mary Dunne	Secretary	July 2017 – June 2018	7 Meetings 2 Face to Face
 Mr Frank Houlihan	Treasurer	July 2017 – June 2018	9 Meetings 2 Face to Face
 Ms Louisa Backus	Director	July 2017 – June 2018	9 Meetings 2 Face to Face
 Ms Natalie Dunk-Andrews	Director	July 2017 – June 2018	7 Meetings 1 Face to Face
 Dr Richard Tan	Director	July 2017 – June 2018	10 Meetings 2 Face to Face
 Dr Ross Woodward	Director	July 2017 – June 2018	7 Meetings 2 Face to Face

PRESIDENTS REPORT



Dear Members,

It is with pleasure that I present to you the 2018 annual report of CQRDGP. CQ Rural Health is an incorporated association; members include General Practitioners, Medical Officers, allied health professionals, general practice staff and nursing staff and from across the Central Queensland region. The organisation's vision 'Excellence and Sustainability in Rural Health'

drives the organisations key activities.

2018 has seen a hectic year of programs, commitment and progress. Sandra Corfield, our CEO, and her management team are managing the following programs:

1. Mental Health Nurse Incentive program
2. Common Client Cohort Program
3. Rural General Practice Workforce Development Project
4. A Suicide Prevention Plan spanning six local government areas
5. Central Queensland Suicide Prevention Plan Lead Agency
6. Queensland Health Clinical Excellence, Integration & Innovation Project
7. Artius Mental Health Services (Wide Bay & Central Queensland)
8. Outreach Ultrasound Delivery Project (Isaac/Whitsunday Region)
9. Obstetric Maternal & Child Health Project (Antenatal/Postnatal & Breast-Feeding Education)
10. Building Better regions Fund – Infrastructure Project – Clermont Surgery
11. Flinders Medical Centre Upgrade (Glencore)
12. 14 Egan St Emerald accommodation (UQ Rural Clinical School)
13. 12 Egan St, Emerald accommodation (James Cook University/MICCRH)
14. TRAIC (Tackling Regional Adversity through Integrated Care) Project

Together these projects support high quality healthcare in rural and remote regions, support our primary care workforce and respond to community needs which are core CQRH's objectives.

CQRH's commitment to professional development for doctors, the allied health professions, nursing and practice staff was highlighted by the immensely successful 'CQ Rural Health Education Weekend at Biloela in March. 183 delegates attended, of whom only 21 were doctors, again emphasising our support for the broader medical fraternity. In conjunction with the Rural Health Weekend, CQRH organised a high-level meeting in Biloela between all parties involved in re-invigorating the broad scope of medical, obstetric & surgical services that Biloela Hospital enjoyed until recently. Present were Central Queensland Health & Hospital Service, Central Queensland, Wide Bay & Sunshine Coast Primary Health Network (PHN), Health Workforce Queensland, Rural Doctors Association of Queensland, CQRH, James Cook University, University of Queensland Rural Clinical School and Central Queensland University. A supportive and positive mood prevailed.

CQRH also organises professional development evenings in Emerald and Biloela through-out the year. These are sometimes funded by the PHN and sometimes by CQRH. Dinner usually follows cementing relationships between colleagues.

CQRH has been active in securing Infrastructure to enable rural health training and improved health services throughout our region:

1. CQRH purchased 66 Callide St, Biloela in March this year, as our organisations main office and base. Our management team breathed a collective sigh of relief, moving into spacious modern rooms at last.
2. Rio Tinto's Kestrel Mine, Emerald has also leased to CQRH, 12 Egan St, Emerald, at a most favourable rate. This four-bedroom air-conditioned house will accommodate medical and allied health students while they do their practical rotations in Emerald. Initially it will be used by James Cook University Health Sciences and their affiliated Mt Isa Centre for Rural & Remote Health (MICRRH). It will compliment 14 Egan St, Emerald, now used by University of Queensland Rural Clinical School.
3. Glencore has most generously gifted \$168,000 for the upgrade of the Flinders medical Centre, Cloncurry which CQRH manages through its wholly owned subsidiary, Rural Health Management

Services. This will expand the practice as well as make the internal layout more efficient, allowing more and more efficient services to Cloncurry and the surrounding district.

4. CQRH secured Commonwealth funding through the 'Building Better regions Fund – Infrastructure Project – Clermont Surgery' to add two new consulting rooms and a meeting room to the Clermont surgery. This will alleviate congestion and allow simultaneous visiting medical services to Clermont.
5. CQRH has also been the fundholder for the \$5 million Commonwealth Grant to build the Emerald GP Supper Clinic or Central Highlands Healthcare (CHH). In April this year we successfully restructured and transferred the deed between CQRH and the Central Highlands Regional Council to CHH and novated the Commonwealth Grant to CHH. This was a relief but also very satisfying to have been able to assist in this large project.

CQRH is again proud to have awarded 5 scholarships to students brought up in rural area who have completed the first year of training in a health-related profession and having displayed a commitment to rural health. These scholarships of \$1,500/pa can be from 2 to 5 years duration depending on the length of the course being undertaken.

The greatest supporter and promoter of scholarships on the CQRH Board is Dr Mike Belonogoff. It is appropriate at this juncture to acknowledge the 8 year term as president that Mike has enjoyed. He stepped down in May this year. A list of his major achievements as President should cement an august position in the history of CQRH: Construction of the new Theodore Medical Centre after the floods; Completion of the Rolleston Medical Centre; Construction of the GP Super Clinic in Emerald; Advocacy and support for the GP and Community of Moura and the continuation of hospital services in Moura; Passion for CPD programs in Emerald and Biloela; Unbridled advocacy for ever more student scholarships; 3 immensely successful 'Rural Health Weekends'; The purchase of 66 Callide St, Biloela our new offices; The incorporation of RHMS and the subsequent practice management role for practices that were struggling due to unstable management or medical workforce issues. This program has 'saved' at least a dozen medical practices from folding and thus providing continued medical services to rural and remote communities.

CQRH hosted a stand and display at 2018 RDAQ Conference, in Brisbane. It was our first venture into promoting our services to a Queensland wide audience.

Internally CQRH is changing. We are growing rapidly and have just been through a period of unprecedented growth and are forecast to grow further. We now have 27 FTE staff most of whom however are employed part time. Many of the services we provide such as project implementation and management, practice management and professional development are staff intensive and this is reflected in our financial statements. Our membership base is slowly changing from a predominantly medical membership (51%) to an equal Allied Health (34%) and Practice Staff/Nursing membership (15%). To meet these challenges the Board has implemented certain changes:

1. The CQRH Board has moved to an online board portal, Convene, for the conduct of our meetings and this has introduced greater efficiencies and more timely meetings.
2. We aim for the board to reflect the membership. We are working towards board membership of: 2 medical, 2 allied health, 1 practice management, 1 accountant and 3 board members with aboriginal, community and special skills backgrounds.
3. The board has amalgamated the roles of Board & Company Secretary in Emma McCullagh. This followed the resignation, in September, of Dr. Mary Dunne, a foundation board member of CQRDGP and Company Secretary for 20 years. Her services to the Board, Clermont and Woorabinda cannot be overstated.
4. A full-time senior administration officer position has been created to cope with the increasing demand on administrative services.
5. This full-time administrative position and a four-person strong finance team should reduce the burden the CEO has been shouldering.
6. Senior staff delegations and responsibilities have been increased as the organisation grows.
7. Our CQRH website has been enhanced and a web-based membership enrolment form has been created. Membership has been pegged at \$55 inc GST.

As well as Dr Dunne there have been three other resignations from the board in the last three months. Dr. Ross Woodward has retired from the board after 25 years. A foundation board member of CQRDGP, and former chairman, Ross' sage and concise advice will be greatly missed. Mr. Frank Houlihan, Accountant and CQRH Treasurer of 7 years will resign at the AGM. The security and peace of mind that an accountant board

member brings to the board cannot be overstated. Franks commitment to Central Queensland, revamping of our accounting systems and the clear presentation of financial reports has been of the greatest benefit to the board and the company. Finally, Mrs. Louise Backus, Speech Therapist, Emerald has resigned due to practice and family commitments. Louise was a breath of fresh air to the board and her commitment to rural communities, allied health and CQRH will be greatly missed. We hope to entice her back in the future. I would like to thank my fellow directors for their dedication and commitment over the past twelve months and for those long-standing retiring directors their support over decades.

I am happy to report that Mr Geoff Arnold, Accountant, Biloela and Mrs Margo Purcell, Solicitor, Emerald have expressed interest in board membership. The nomination process is underway. We are actively seeking community and allied health representation on the board.

CQRH is a multifaceted organisation. Its cohesion and drive for 'Excellence and Sustainability in Rural Health' come from our dedicated CEO, Sandra Corfield, and her staff. Their relentless pursuit to improve the health services in rural and remote communities is deeply engrained and unwavering. As in previous quadrennia, CQRH has achieved ISO 9011:2015 certification for 2018-2021.

As the company enlarges the workload on the president & directors increases. At the strategic planning meeting in September, the board decided to increase the remuneration to Board Directors. For ratification by the members, it is proposed that for each teleconference board meeting (60-90 minutes) there be a payment of \$250. For each full day face to face board meeting in either Biloela or Emerald a payment of \$2,000. There are 10 teleconferences for both CQRH and RHMS per year (\$5,000 combined p.a.) and 2 face to face meetings per year (\$4,000 combined p.a.).

Alluded to earlier, but not directly in the remit of this report, RHMS, a wholly owned subsidiary company of CQRH, manages distressed and other medical practices through out Queensland. RHMS and CQRH often work closely with the Health & Hospital Services (North West HHS, the Central Queensland HHS, the Wide Bay HHS and the Mackay HHS) in staffing and managing these practices. Currently under management are Monto, Eidsvold, Baralaba, Clermont, Nebo, Rolleston, Flinders Medical Centre, Cloncurry and Julia Creek. Recently returned to private management were Mt Morgan & Biggenden.

Despite our rapid growth, board changes and office purchase I am pleased to report that CQRH is solvent and financially stable. Our NFP status means that all profits are returned into our communities and to the support of health services across the board. Historically we have supported medical practices, but in the future, we look forward to fostering and supporting more allied health practices.

How can we help you in 2019?

Regards,

John Evans
President CQRH.

CEO'S REPORT

I would like to present this report on the activities for the 2017 -2018 Financial Year as is required by the Quality Management System adopted by Central Queensland Rural Division of General Practice (trading as CQ Rural Health).

Central Queensland Rural Health has continued as an independent member based organisation working across sectors to promote health services in rural communities. This gives the organisation a unique position where the allegiances are to the members and communities in which they work and live. In the last year there has been opportunity to lobby and influence at the Federal and State Government levels and to work closely with local governments, representative and community organisations to deliver real outcomes for rural health services.

The organisation continues to partner with Universities, training organisations and employers to rebuild the Medical Workforce, supporting local professional development and support networks.

Workforce development and retention remains the highest priority with the focus now moving more closely to supporting sustainable integrated allied health services, fostering strong placement and education networks and supporting the development of viable local private practices. Developing the role of other health professionals such as the rural nurse, nurse practitioner and the allied health assistants working within General Practice and the non-government sectors, is also a focus for the coming year. The development of a strong indigenous health worker team working across all sectors is also an area of development that will require partnerships with indigenous organisations, training providers, non-government organisations and health service providers.

Board Meetings

The Board has met ten (10) times during the past financial year and has continued to maintain its' focus and momentum for the vision of "Excellence and Sustainability in Rural Health". As the sixth year as an independent organisation closes, we can look back and see the value of our organisation to the communities and health practitioners of rural communities. The board continues to be committed to leading the organisation and moving forward to develop excellence and sustainability in rural health through partnerships with members, organisations and rural communities. The last year has focused on reviewing the organisational capacity as we move forward, with reviews of membership, the constitution and the board structure and governance policy and procedure.

CQRH Workforce

This year has seen a significant change in the staffing model for CQ Rural Health. We have increased our project staff and have employed the following;

- Mental Health Nurse (two additional positions)
- Projects Team Leader increased hours
- Project Officers (two new positions)
- Administrations support (two new positions)
- Midwife positions (three)
- Contract radiography and ultrasound positions.

We have also contracted some our workforce to Rural Health Management Services (RHMS) to provide financial and administrative services. Clinical staff remain with the organisation and are now funded through a direct contracts with the PHN, direct Medicare billing and a small amount of consultancy work.

Next year will focus on developing an Allied Health model to support smaller rural communities and also to ensure there is capacity to support health services funded through the NDIS and aged care sectors.

Risk Management

A risk management review is undertaken prior to the development of new initiatives and before making significant changes to existing programs. Risk management allows careful considerations of all the possible and probable outcomes of a proposal prior to its adaption. This process has been particularly relevant in this time of change as CQRH continues as an independent organisation.

Quality Management

Central Queensland Rural Health received re-accreditation for three (3) years under the ISO 9001:2016 standards for both our Quality Management System. All practices are accredited against the RACGP 4th standards and will progressively accredit against the 5th standards. CQRH is working with Central Queensland Rural Health also receives accreditation with RACGP and ACRRM as an education provider. Cloncurry practice is to be accredited through HLA as an intern training practice. Over the next 12 months we will also work towards accreditation as an NDIS provider.

Conflict of Interest

Prior to each Board meeting all Conflicts of Interest are declared. Central Queensland Rural Health is conscious of maintaining open accountable processes at all times and maintains a register of Conflicts of Interest.

Reporting Requirements & Compliance Statements

This organisation continues to comply with all legislative, regulatory and ethical standards and is open and accountable in its reporting processes when required. The board conducts an annual review of Insurance Policies including the evaluation of services provided by Contractors and has policies and procedures in place for the reporting of Workplace Health and Safety accidents and breaches.

CQRH Activities

This year has shown an extension of the project funded activities for the organisation.

- Development of the Suicide Prevention plan for Central Queensland and a contract to lead the implementation of the plan through the PHN.
- Finalisation of the Integrated Allied Health Project and new proposals for integrated services across the region.
- Increased provision of Mental Health Services in CQ and the North Burnett.
- Establishment of lactation consultancy and midwifery services in the Isaac region.
- Development of health promotion options for Banana Shire and training of local Suicide Prevention community trainers.
- Infrastructure development projects for Clermont and Cloncurry.

In conclusion I would like to thank the Board and Dr Mike Belonogoff and Dr John Evans (Chair) for their continued support. They have remained committed to the organisation by providing strong oversight and direction with the vision of "Excellence and sustainability in Rural Health" always at the forefront of decision making. This vision is one on which needs to remain a focus as we establish the future roles for this organisation.

Next year will see a strong focus on organisational planning. CQRH and Rural Health Management Services are closely linked however ensuring the organisations are structured independently will guarantee their sustainability.

I would like to also thank all the staff of Central Queensland Rural Health. This time of building the organisation has been very busy with increased demands on all staff and they have all responded with increasing effort and commitment.

Yours sincerely
Sandra Corfield

OUR OBJECTIVES

Objectives

The objects for which the Association is established is the attainment of the highest standard of health care for the people in rural and remote Queensland who have a need for health and associated services by reason of geographical isolation, social or economic circumstances or sickness through the following:

(a) supporting the provision of high quality and accessible health care by providing and advocating for flexible, multidisciplinary patient-centered care in the rural and remote regions through:

- (i) Integration of local programs and initiatives;
- (ii) Encouraging and facilitating integration across primary health care organisations, tertiary health care and the community;
- (iii) Creating pathways between existing and future public and private sector health – related services;
- (iv) Creating an environment for the efficient and effective use of information technology to facilitate better health outcomes;

(b) supporting the current and future primary care workforce to provide health care to aid in the prevention and control of disease which encompasses, amongst other things:

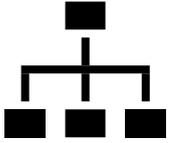
- (i) the encouragement of students and health practitioners to acquire the skills and experience necessary for health practice;
- (ii) the provision of professional development to health professionals where appropriate;
- (iii) the fostering of professional networks and support for health practitioners;
- (iv) enabling and supporting research into improving the health of communities;
- (v) supporting an integrated environment which will attract and retain a strong workforce of health practitioners to increase the amenity of rural and remote Queensland;
- (vi) providing opportunities to increase the number of health practitioners within rural and remote Queensland,

(c) being responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islanders and other cultural and linguistically diverse people;

(d) providing support for preventative care and control of disease which encompasses:

- (i) diagnoses and treatment;
- (ii) integrating programs and initiatives for the benefit of the community;
- (iii) providing a multidisciplinary and community approach;
- (iv) providing access to health practitioners, including, but not limited to:
 - (A) mental health nurses,
 - (B) General Practitioners,
- (v) Providing support services that reduce chronic disease in rural populations

2017/18 CQRH HIGHLIGHTS



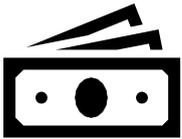
27 Full Time Equivalent Staff



Purchased 66 Callide St Biloela



229 Registrations for to Continuing Professional Development (CPD) Events
162 attendees at the Rural Health Education Weekend in March 2018



5 Undergraduate Health Scholarship Students awarded. Total Value = \$15 000



Supported Medical Practices in 11 rural communities, resulting in approximately 66 000 consults.



2187 Mental Health Nurse Consults



Partnerships with Hospital and Health Services, PHN's. local governments and multiple agencies in rural communities



250 + community members consulted throughout the initial stages of the CQ Suicide Prevention Plan

CONTACT US



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