

**CENTRAL QUEENSLAND RURAL DIVISION OF
GENERAL PRACTICE INC ASSN**

trading as

***Central
Queensland Rural
Health***

July 2018 – June 2019

ANNUAL REPORT

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ABOUT US

OUR VISION

Excellence and Sustainability in Rural Health

OUR MISSION

To support, enhance and develop the activity of primary health providers in delivering quality health services to residents in rural and regional Central Qld in collaboration with other health service providers and consumers.

OUR HISTORY

Central Queensland Rural Division of General Practice was established in 1992 and was one of numerous federally funded Divisions of General Practices across Australia. Following the health reforms in the early late 2000's, Division's of General Practice were replaced by Medicare Local's. The Central Queensland Rural Division of General Practice transformed itself and commenced trading as Central Queensland Rural Health and continued to provide services by filling in the gaps that were identified. One substantial gap was managing vulnerable general practices in small rural communities, and, as a result, Rural Health Management Services (RHMS) was born. RHMS is a profit for purpose charity providing expertise in sustainable healthcare practice management solutions for rural communities.

OUR STRUCTURE



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

Central Queensland Rural Health is a membership organisation. Our members include general practitioners, allied health professionals and community members that support the objects our organisation.

CQRH is governed by an experienced board of directors that have expertise across general practice, allied health, legal and financial sector. CQRDGP operate the wholly owned subsidiary company, Rural Health Management Services (RHMS) who rescue, rebuild and release general practices in vulnerable rural communities.

CQRH and RHMS have been accreditation for the implementation of a management system conforming to *ISO 9001:2015*. In the 208/19 period, CQRH commenced working toward NDIS accreditation.

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

STRATEGIC PLAN SNAPSHOT 2020-2023

OUR STRATEGIC PILLARS AND OBJECTIVES

Financial Sustainability

- Actively seek and attract public and private funding from diverse sources, both one off and continuous funding.

Create Profile

- Enhance profile to create brand awareness

Members, Community and Key Interested Parties

- Improve access to primary health care services for high risk and disadvantaged populations
- Increase effectiveness of rural health services through early intervention and effective management of chronic disease
- Increase the range and provision of allied health and primary health services through new and existing practices

Organisational Capacity, Development and Growth

- Sustainable project management delivery
- Advocacy for rural health services
- Succession planning for key roles
- Develop current team skills to create an engaged and proactive workforce

Name	Position	Term	Meetings Attended 9 Meetings & 2 Face to Face Meetings
 Dr John Evans	Director President	July 2018-June 2019	11/11 meetings attended
 Dr Michael Belonogoff	Director	July 2018-June 2019	10/11 Meetings attended
 Dr Mary Dunne	Secretary	June 2018 – September 2018	0/1 Meetings attended
 Mr Frank Houlihan	Treasurer	July 2018 – November 2018	3/4 Meetings attended
 Ms Louisa Backus	Director	July 2018 – September 2018	1/1 Meetings attended
 Ms Natalie Dunk-Andrews	Director	July 2018 – June 2019	10/11 Meetings attended
 Dr Richard Tan	Director	July 2018 – June 2019	10/11 Meetings attended
 Dr Ross Woodward	Director	July 2018 – August 2018	1/1 Meetings attended
 Ms Margo Purcell	Director	November 2018 – June 2019	6/7 Meetings attended
 Ms Wendy Peebles	Director	January 2019-June 2019	6/6 Meetings attended
 Ms Jess Burrey	Director	January 2019- June 2019	6/6 Meetings attended
 Mr Zak Nichols	Director	January 2019-June 2019	5/6 Meetings attended

PRESIDENT'S REPORT



Dear Members,

It is with pleasure that I present to you the 2019 annual report for CQRDGP, trading as Central Queensland Rural Health (CQRH).

CQRH is an incorporated association. Members include General Practitioners, Medical Officers, Allied Health professionals, Nurses and General Practice and Allied Health staff from across Central Queensland (CQ). The organisation's vision 'Excellence and Sustainability in Rural Health' drives the organisations key activities.

PROGRAMS

Central Queensland Rural Health (CQRH) has long and deep experience in managing projects for state and federal governments. CQRH specialises in mental health service project management. 2018/2019 has been a hectic year of programs, commitment and progress. See examples of projects managed this financial year. If you have a special interest in any individual project, please contact the CEO.

- Mental Health Nurse Incentive Project
- Rural GP Workforce Development Project
- Allied Health Project (in its infancy).
- Central Queensland (CQ) & North Burnett Suicide Prevention Plans (CALM training). 13 people trained in CALM suicide prevention workshops.
- Central Queensland Suicide Prevention Lead Agency Initiative.
- Qld Health Clinical Excellence Integration and Innovation Project
- Common Client Cohort Project between Qld Corrective Services, QLD Police Service, Dept of Housing and Public Works and QLD Health
- Artius - CQ & Wide Bay (WB) Psychology Services
- Outreach Ultrasound Delivery Project
- Maternal and Child Health Project
- Tackling Regional Adversity through Integrated Care (TRAIC)
- Increasing Primary Health Care Services in Clermont Project

- Flinders Medical Centre Upgrade and Extension Projects
- Headspace Unit in Emerald (facilitation)
- Live Well Central Queensland's Collaborative, Coordinated Care (CCC) Initiative between the QPS, QAS, the Department of Corrections and the Department of Housing
- Co-responder Model for the provision of acute psychiatric intervention services between QPS, QAS and Queensland Health's acute psychiatric services.
- Provision and management of houses at 14 Egan St (University of Qld) and 12 Egan St (James Cook University, Charles Darwin University, Central Queensland University, Queensland University of Technology and others) Emerald, for health profession student accommodation while studying in Emerald.



Photo 1 CALM Training Facilitators – Banana Shire

EDUCATION

Professional development and rural experience in healthcare are key components of excellence and sustainability in rural health. CQRH is at the forefront. Through the 'Rural GP Workforce Development Project', the provision of accommodation in Emerald for students undertaking tertiary studies in health-related fields and events such as the Rural Health Weekends held in March in Biloela and Emerald alternately, we have had:



Photo 2 Student Networking Dinner – Central Highlands

- 276 registrants at 17 CPD events in the Central Queensland region, other than the rural health weekend which attracted 140 participants.
- 3 Central Highlands (CH) GPs sponsored to complete Level 2 Mental Health training.
- 5 undergraduate health scholarship recipients.
- 45 health students accommodated in the Central Highlands.



Photo 3– Growing Your “Healthy” Business Participants – CPD Event Central Highlands

RURAL HEALTH MANAGEMENT SERVICES

CQRH’s wholly owned subsidiary company, Rural Health Management Services (RHMS) has had a busy year. This company manages closing or struggling general practices in smaller rural towns to maintain a health service for the district. The aim ultimately is to maintain or build the service and to hand the practice back to private ownership. Highlights for RHMS have been:

- Management of 11 GP practices in Queensland rural towns – Monto, Biggenden, Eidsvold, Baralaba, Biloela, Mt Morgan, Clermont, Rolleston, Cloncurry, Nebo and Julia Creek.
- Providing practice management advice to the Townsville HHS for Medical services in Aged Care in Charters Towers and to the Cape and Torres HHS for their Primary Health Care Centres in Hopevale and Badu Island.
- Provided about 85,000 GP consultations throughout the year.
- Re-established general practice in Julia Creek.
- Managing the health impact of the disastrous northern Queensland floods. Julia Creek was at the forefront with great support from the Flinders Medical Centre, Cloncurry. Psychological services were in high demand. CQRH assisted 2 social workers, Szilvia Virag and Alice Hodges, relocate temporarily, from Victoria and NSW, to Julia Creek for the emergency and the aftermath. Medical staff, psychologists and social workers went above and beyond expectations and coped admirably.
- Managed the \$170,000 Flinders Medical Centre upgrade, kindly underwritten by Glencore’s Ernest Henry Mine.
- Practice Accreditation achieved by 100% of RHMS practices.
- RHMS achieving charity status.



Photo 4 Flinders Medical Centre Upgrade - Cloncurry

PARTNERSHIPS

To achieve results and bring to fruition many programs CQRH has collaborated with:

- Qld Ambulance Service, Queensland Police Service and Qld Health to develop the Co-responder model for acute psychiatric services.
- 80 government and NGO's involved in the suicide prevention activities across CQ.
- Co-ordinated engagement with 23 CH agencies resulting in federal funding for a 'Headspace' unit in Emerald.

FINANCIAL SUSTAINABILITY

CQRH:

- Manages \$1M in project funds
- Secured a \$140,000 infrastructure grant for Clermont.
- Secured charity status for both CQRH and RHMS.

ORGANISATIONAL STRENGTH

Our staff are the reliable backbone of our organisation. Our special thanks go to CQRH's projects team leader, Deirdre Fagan Pagliano and her team, RHMS's Northern Region Practice Support Officer, Anne Schmidt and the Central Region Practice Support Officer, Di Atfield and their assistants and to our new acting Senior Finance Officer, Wendy Peebles who is contracting to RHMS.

Leading this team is Sandra Corfield, our CEO. Such a wealth of knowledge in project management and practice management would be hard to find elsewhere. She has an encyclopaedic knowledge of CQ health matters especially and Qld health matters generally. She is always there for CQRH. Our problem is getting her to take holidays!

When renegotiating our company insurances, we were pleased to be able to provide all staff with travel insurance.

In 2018 we were sad to receive the resignations of our very long serving board members Mary Dunne, (GP and founding member), Ross Woodward (GP and founding member) and Frank Houlihan (Accountant). Their experience and guidance will be missed. Louisa Backus

(Speech Therapist) also left after a shorter term due to family and practice pressures.

In late 2018 we were delighted to welcome Margo Purcell (Solicitor, Emerald), to the Board and in early 2019 delighted to welcome Wendy Peebles (Accountant, Monto), Jess Earnshaw (Pharmacist, Emerald) and Zac Nichols (Physiotherapist, Emerald) to the Board. They have enlivened and re-invigorated the Board. Our new Board members together with existing board members Natalie Dunk-Andrews, Mike Belonogoff, and Richard Tan present a powerful team.

I would especially like to acknowledge Wendy Peebles who has nurtured and mentored the fledgling finance team, and in the process, revamped our financial systems.

Under the leadership of Jess Earnshaw, we have completed the 2020-2023 Strategic Plan and under Wendy Peebles the 2020 financial plan.

The Board has moved to Convene and Zoom for all meetings and this combined with iPad access to Convene has greatly facilitated our access to Board papers in a timely fashion and smoothed the conduct of



Photo 5 CEO Sandra Corfield and Central Practice Manager, Di Atfield networking at the RDAQ Conference.

meetings.

CQRH is positioned itself to provide NDIS services in the future. We have adopted the Human Services Quality Framework (HSQF). Our staff have undergone Blue Card, Yellow Card, or Criminal History police checks/certification where appropriate.

CQRH has maintained its ISO-9001 Quality Management Accreditation.

I am proud to recommend CQRH and its subsidiary RHMS to you. They do good works and contribute to the services on offer to and the well-being of Queenslanders.

Yours Sincerely,

Dr. John Evans

President

CQRH

CEO'S REPORT



I would like to present this report on the activities for the 2018 - 2019 Financial Year. We have maintained the Quality Management System adopted by Central Queensland Rural Division of General Practice now trading as CQ Rural Health and continue to grow in strength as an organisation supporting the development of health services for rural communities.

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, has also been a focus for this 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 eleven 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 eighth 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 newer board members have added a diversity of focus and renewed energy to continue to develop the organisation as an integral support for further development of rural health services.

CQRH WORKFORCE

This year has seen a stabilisation of the staffing model as many activities have continued from the previous year. There has been a continued growth in the delivery of Mental health services and expansion of the roles provided within communities in Central Queensland and the North Burnett regions. We have also contracted some our workforce to Rural Health Management Services (RHMS) to provide financial and administrative services. Clinical staff within the organisation and are now funded through a direct contracts with the PHN, direct Medicare billing and a small amount of consultancy work.

This year the focus has been 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. Next year will see a focus on further developing right of private practice options for Allied Health providers.

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 adaptation. 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. This year we will also attain 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.

- (i) Development of the Suicide Prevention plan for Central Queensland and a

contract to lead the implementation of the plan through the PHN.

- (ii) Finalisation of the Integrated Allied Health Project and new proposals for integrated services across the region.
- (iii) Increased provision of Mental Health Services in CQ and the North Burnett.
- (iv) Establishment of lactation consultancy and midwifery services in the Isaac region.
- (v) Development of health promotion options for Banana Shire and training of local Suicide Prevention community trainers.
- (vi) Infrastructure development projects for Clermont and Cloncurry.

In conclusion I would like to thank the Board 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 which needs to remain our 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 and Rural Health Management Services. This time of building the organisations has been very busy with increased demands on all staff and they have all responded with increasing effort and commitment. Each year brings new challenges and new opportunities and without the dedication and insight of the staff in their own areas we would not be able to support rural communities towards better access to local health services.

Yours sincerely

Sandra Corfield



CQRH HIGHLIGHTS 2018 - 2019

Excellence and Sustainability in Rural Health

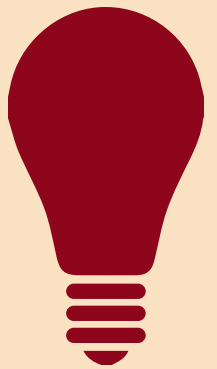
PROGRAMS



- 13 people trained to deliver CALM Suicide Prevention workshops
- 2494 mental health consults by psychologists, mental health nurses and social workers
- 48 participants attended 3 Wheel of Well-Being programs
- 2 midwives delivering services in Isaac Region

EDUCATION

- 276 registrations to 17 CPD Events in CQ Region
- 3 Central Highlands GP's sponsored to complete Mental Health Level 2 training
- 5 undergraduate health scholarship recipients
- 45 health students accommodated in the Central Highlands



RURAL HEALTH MANAGEMENT SERVICES



- Managed 11 GP practices in QLD
- Approx 60 000 GP consults throughout the year
- Re-established GP Practice in Julia Creek
- \$170 000 upgrade to Flinders Medical Centre
- 100% of practices achieved accreditation
- RHMS achieved charity status

PARTNERSHIPS

- Partnered with QLD Ambulance/Police/Health to develop a CQ Co-responder Pilot Proposal
- 80 government and NGO's involved with Suicide Prevention activities across CQ
- Coordinated engagement with 23 CH agencies resulting in federal funding for a headspace in Emerald.



FINANCIAL SUSTAINABILITY



- Managed \$1M in project funds
- \$ 170 000 Infrastructure grant for Flinders Medical Centre - Cloncurry
- Invested DGR funds into health promoting activities

ORGANISATIONAL STRENGTH

- Director Appointments - Allied Health, Finance and Legal specialists
- Commenced - 2020 - 2023 Strategic Plan
- Maintained ISO-9001 Quality Management Accreditation

