Framework for the development of the Primary Health Care Workforce in Aboriginal Health in the Northern Territory

Summary document

This document provides a summary of the Final Report published separately and distributed to Northern Territory Aboriginal Primary Health Care Services.
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... under the leadership and guidance of AMSANT and a project advisory group.

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1. Background to Workforce Framework

The NT Aboriginal primary health care Workforce Framework (Workforce Framework) aims to provide direction to Aboriginal primary health care service communities, health planners, managers and workers to plan, organise and deploy an effective primary health care workforce for Aboriginal people in the NT.

The Workforce Framework has been developed by Human Capital Alliance (HCA) a management and research consultancy firm who recently completed the Review of the Aboriginal Health Worker role for the NT Department of Health and Families (AHW Review). HCA worked under the guidance of a project advisory group representing the NT Aboriginal Health Forum (NTAHF) comprising General Practice Network NT (GPNNT), the Office for Aboriginal and Torres Strait Islander Health (OATSiH), NT Department of Health (DoH) and Commonwealth Department of Health and Ageing (DoHA) and led by the Aboriginal Medical Services Alliance of Northern Territory (AMSANT).

The Workforce Framework builds on of the large amount of work that has been done in the recent past in regard to Aboriginal primary health care workforce and takes into consideration current reforms under EHSDI, Health Service Delivery Areas (HSDAs) and Medicare Locals. The processes to develop the Workforce Framework included:

- a literature review and document analysis;
- secondary data analysis;
- extensive stakeholder consultations;
- synthesis and analysis of all data collected to develop a draft Workforce Framework and Summary document which was again tested with stakeholders; and
- a final Workforce Framework and Summary document.

2. What the Workforce Framework is trying to achieve and its limitations

The current Aboriginal primary health care workforce in the Northern Territory is limited by (1) an underrepresentation of Aboriginal workforce members (2) a shortage of health care workers across all roles; and (3) a reliance on temporary labour recruited from outside the Northern Territory in order to address workforce shortages. In addition, there is a broad range of stakeholders with a range of service delivery and management models comprised of DoH and community controlled

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1 EHSDI is a collaborative initiative under the NT Aboriginal Health Forum) that arose from the Emergency Intervention and built on previous reform efforts. EHSDI provides funding to expand the delivery of comprehensive primary health care services to Aboriginal people in the NT. It also provides funding to strengthen systems and the capacity of organisations to enhance community control and establish regional health service models – the process called regionalisation (NT Department of Health and Families, 2010)
services. In order to address workforce issues across Aboriginal primary health care workforce issues in the Northern Territory a shared vision for how these workforce limitations can be addressed is required. This Workforce Framework seeks to provide the overall vision, direction, planning and action for future Aboriginal primary health care workforce that all (or at least most) Northern Territory stakeholders can support.

This Workforce Framework has attempted to find the right balance by:

- narrowing the number of Workforce Framework elements to only those that are of most pressing importance and ones with which service governance structures, planners and managers are struggling with daily;
- taking both short and long term perspectives in order to provide immediate advice but not to seek ‘quick fixes’ where these are likely either to hinder genuine innovation or to provide false hope;
- not providing prescriptive solutions but rather offering thoughts on the best way forward based on available evidence, and acknowledging that in some areas this evidence is still not very powerful;
- building a consensus through consultations on the principles that should govern Aboriginal primary health care workforce decision making and using the principles as the standard against which to test the relevance and worth of all proposed actions; and
- grounding the Workforce Framework in principles agreed through the consultation processes. The principles are detailed in Box A.

3. Workforce Framework elements

The Workforce Framework is focused on issues highly specific to the Aboriginal primary health care workforce, and to the work to be performed in Aboriginal primary health care settings. The list of elements therefore upon which direction is provided to Aboriginal primary health care service communities, planners and managers includes:

- The staffing arrangements: what type of health workers will be best at performing the work required in what type of skill mix? How should the ‘team’ be arranged and work allocated? What types of leadership are required? How many people are required to do the work?
- The deployment arrangements: what types of skills are required at different service levels? How will regionalisation shape deployment of more specialist and scarcer resources? How to best balance service access issues with efficient use of human resources?
- Staff management approach: how to deploy staff in efficient ways? What arrangements promote more efficient use of workforce? What practices promote productive and satisfied workers? What constitutes good management in Aboriginal primary health care? How do we nurture good primary health care management practices? What development of managers is required for them to be successful personnel managers? How to balance service access issues with staff supervision and support requirements?
BOX A: Workforce Framework Principles

Principle 1: A workforce for services consistent with an Aboriginal philosophy of comprehensive primary health care, and in line with current NT primary health care reforms under the Expanded Health Services Delivery Initiative.

Principle 2: A workforce that supports community decision making in the provision of primary health care and is responsive to local Aboriginal customs and cultural priorities.

Principle 3: A workforce that facilitates progression towards Community control of comprehensive primary health care services.

Principle 4: All stakeholders (government, non government and private organisations) working collaboratively and with commitment and skill.

Principle 5: A workforce that includes an increased number and proportion of Aboriginal and Torres Strait Islander people working across all the health and other workforce roles and with established pathways for Aboriginal people into the primary health care workforce (with persistent promotion of these options).

Principle 6: Focus on ‘growing our own’ NT workforce with strong partnerships between Health and Education sectors to achieve the required workforce quantity and quality.

Principle 7: Improved clarity of the roles and functions of all the different parts of the workforce within primary health care multidisciplinary teams.

Principle 8: Structures that address development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health.

Principle 9: Provision of (or development of) a skilled, competent and continuously improving multidisciplinary workforce within Aboriginal primary health care services which is supported to optimally use its skills in relation to community determined needs.

Principle 10: Build the Aboriginal workforce in primary health care as an attractive career option by providing ongoing professional development, competitive work conditions, workforce support and articulated primary health care careers with opportunities in other health services.

Principle 11: Establish culturally safe (responsive) service environments for clients and health providers to improve access to primary health care services and deliver better health outcomes … Develop primary health care service environments as places in which people want to work.


Principle 13: Workforce distribution across the regions is equitable in relation to service need and optimises access to health care.

Principle 14: Basing health workforce policy and planning on the best available evidence and linked to the broader health system.
• Recruitment effort (and development of new supply): what is the best approach to recruiting different staff categories? Who should be the primary target of recruitment effort? What types of employment arrangements should be considered and under what circumstances do some arrangements work better? How best to optimise recruitment effort across the NT and achieve cost effectiveness from recruitment investment? How to increase the participation of Aboriginal workers in the primary health care workforce? How can opportunities to study for health professions in the NT (‘grow your own’) be increased?

• Retaining desired workers longer: what are some of the broad principles for workforce retention? What are the elements of incentive packages for worker retention? Does the importance of elements vary with different workforce categories and service settings / locations? How to maintain productivity of longer term workers?

The Workforce Framework has been drafted trying to strike a balance between the need to be flexible so that it can allow for the uniqueness of situations in each of the regions and individual services, but at the same time providing for the imperative of some immediate actions. It has also tried to strike a balance between allowing for individual (service / regional) responses and where it is more appropriate, collaborative, NT wide responses.

In the figure below (Box B) the above elements are assembled in a diagrammatically conceptualised Workforce Framework, where the relationship between service direction, planning and delivery (work) and workforce is made explicit.
Box B: Conceptualisation of a Workforce Framework for Aboriginal primary health care in the NT

External influences on service parameters:
- Funding arrangements
- Government services planning
- Regionalisation
- Governance arrangements

Service delivery parameters agreed, and workforce demand established

Community control of service direction

Work that needs to be performed to deliver primary health care services to Aboriginal communities

Determination of workforce type & number

Deployment according to needs – PHC, hub support, specialist outreach

Retention effort:
- Training of existing workforce
- Training of new supply for PHC workforce
- Targeted recruitment approach

Recruitment effort

Management of staff to achieve optimal performance

- Valuing workers
- Good HR management practice
- Attractive conditions of employment

Community control of service direction
4. Critical intervention points

Critical intervention points are the five key themes that emerge from the many recommendations of the Workforce Framework (see Section 5) and that give meaning and sense to future direction. They also provide a map for identifying which recommendations form priorities, and which recommendations are best attempted after more strategic actions have been initiated. The critical workforce intervention points are:

**Workforce data collection** — there is an urgent need to have a firmer basis for understanding the Aboriginal primary health care workforce (size, composition, change in regard to a number of key performance indicators) and for being able to evaluate outcomes of the Workforce Framework initiatives / interventions on a regular (annual) basis. [*Recommendation 1. Also Recommendations 2; 3 and 4*]

**Create ‘centralised’ infrastructure** — Too many separate entities throughout the Aboriginal primary health care sector are ‘doing their own thing’ with regard to a range of critical human resource functions such as staffing estimation, recruitment, employment contracting, industrial arrangement negotiations, management development, performance management, etc. These efforts are being attempted in the absence most often of any specialised and / or dedicated human resource management expertise. A more collaborative and collective (and ultimately uniform) approach to these human resource functions through a centralised agency can bring a greater level of HR expertise and support to Aboriginal primary health care services. [*Recommendations 5; 9 and 18. Also Recommendations 6; 10; 14 and 15*]

**Develop support for PHC managers** — to do their people management job optimally Aboriginal primary health care service managers, in both government and community controlled sectors, need better support. First and foremost they need high quality management development support, in a form that is agreed to be feasible given the remoteness of the settings in which many managers are located and yet still is informed by best practice evidence. [*Recommendations 7 and 18. Also Recommendations 2 & 4; 8 and 19*]

**Training and growing the NT workforce** — work on a strategic approach to NT education and training that would support and foster a ‘grow your own’ philosophy (within acceptable parameters) is highly desirable. This would entail a perhaps more comprehensive and strategic approach to make genuine across the education sector gains in development of Aboriginal health professionals, and structure better collaboration between health and education sectors at both higher education and vocational education levels. [*Recommendations 12 and 15. Also Recommendations 11; 13 and 16*]

**Staff housing** — the NT Department of Health and OATSIH need to develop a coordinated infrastructure plan for staff accommodation and health service facilities in Aboriginal primary health care. [*Recommendation 6*]
5. Recommendations

The following recommendations were made in the Workforce Framework:

**Recommendation 1**

A meeting of ‘owners’ of valuable and relevant data sets be convened as soon as possible with a view to constructing a complete Aboriginal primary health care data ‘story’, able to be redeveloped each year in support of the framework. A small budget and expertise be provided to support the group’s deliberations and remove any identified barriers (for instance seeking consent for data release, creating a business case for data extraction and release, drafting clear and agreed data extract specifications, etc.).

**Recommendation 2**

Under the NTAHF, rapidly develop a simple **Workforce Size Estimate User Guide** from existing materials that helps Aboriginal primary health care service managers to determine the most appropriate workforce size and composition for their service. Distribute this guide as support to those who might require immediate advice through AMSANT and / or NT DH&F.

**Recommendation 3**

A mapping or development exercise be undertaken to identify all competencies required in undertaking Aboriginal primary health care work in the NT (irrespective of the health workforce discipline). This exercise may be undertaken in conjunction with (and with the financial support of) Health Workforce Australia and the National Preventative Health Agency.

**Recommendation 4**

Through the NTAHF, complete a final update of the Workforce Size Estimation guide to reflect an approach that determines both the **work needs** of Aboriginal primary health care and preventive health programs and the **supply** of workforce in terms of **competencies** rather than specific types of worker.

**Recommendation 5**

Consider establishing a single hub infrastructure offering clinical, allied health, public health, administration, human resources and corporate support services to NT primary health care services in line with regionalisation processes and the move to community control of Aboriginal primary health services. The specifications for this infrastructure should be drafted after a short period of consultation and a review of the literature. The specifications should identify suitable organisations that could be invited to bid for hosting the infrastructure.

**Recommendation 6**

Develop an **Infrastructure Strategy** for Aboriginal primary health care services to build the infrastructure to house all health professional requirements, as close as possible to, or within, Aboriginal communities being serviced with primary health care.

**Recommendation 7**

Review existing management development efforts in both the government and community controlled sector to prepare managers, especially Aboriginal managers, for the complex role they must undertake. Identify the principles of a best practice approach and seek a sector-
wide agreement on the ideal future course of action. Allocate appropriate funding to achieve high levels of management development coverage of the existing (and prospective) management population within the next 2-3 years.

**Recommendation 8**
Develop guidelines on feasible methods for organising work with an emphasis on developing and managing teams, as well organised and effective team structures can benefit the productivity of an organisation and assist in clarifying the role of each team member.

**Recommendation 9**
Consider approaches for consolidation of all recruitment from interstate into Aboriginal primary health care into a single organisation. This infrastructure will provide recruitment services to meet the staffing demands of individual service providers and HSDAs. Use of such a body would not be compulsory, but hopefully ‘sell itself’ through superior outcomes.

**Recommendation 10**
All workers in NT Aboriginal primary health care, Aboriginal and Non Aboriginal must be provided with evidence informed best practice induction and orientation appropriate to their roles and workforce status (that is short or long term appointments). Current providers of induction training should conference and agree on a best practice approach (or approaches for different target audiences).

**Recommendation 11**
Develop and accept a comprehensive Job Classification model for the Aboriginal health workforce that is inclusive of all forms of Aboriginal health care provider.

**Recommendation 12**
In the longer term, when appropriate funding, infrastructure, will and consensus can be gathered, the priority must be to increase NT Aboriginal primary health care service recruitment effort through a policy and practice of ‘grow your own’. This will mean building on the achievements already in the NT with nurse and medical education. Where necessary because of insurmountable constraints to providing certain health profession courses completely in the NT, a strategy of partial ‘grow your own’ can be adopted by creating ‘feeder school’ options and other ways of optimising the amount of training undertaken in the NT. See **Recommendation 18**.

**Recommendation 13**
The recommendations of the AHW Review in 2009/10 in regard to registered AHW (and other Aboriginal health practitioners) training need to be implemented. In summary this requires opening the training / assessment role to other registered training providers, selecting students for the Certificate IV in Aboriginal & Torres Strait Islander Health Practice more innovatively, providing more bridging training resources, supporting an increased number of apprenticeship places, and committing more quality resources at a service and regional level to clinical practice training.

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**Recommendation 14**

Initiate a promotional campaign to rebuild the prestige of the registered AHW role and other Aboriginal health provider roles within Aboriginal communities and re-establish the Aboriginal health practitioner as a viable and attractive career option.

**Recommendation 15**

Increased collaboration between the health and education sectors needs to be fostered through appropriate formal structures and the development of a joint strategic plan with the aim of enhancing investment in NT education to maximise the local development of health professionals. Such a structured approach to health education planning and financial investment might improve the number of courses offered in the NT.

**Recommendation 16**

The provision of professional development for all Aboriginal primary health care workers be reviewed and planned into the future within a broader education and training framework that considers learning needs as part of a lifelong learning model from entry level training to retirement.

**Recommendation 17**

The issue of violence in Aboriginal communities affects all people living and working within the community and must be addressed for Aboriginal and non-Aboriginal people. However, there is no simple solution and to address the concerns of current and future health service staff members, it is recommended to develop a set of practical and appropriate solutions to the issue of workplace violence perpetrated on any staff member and publish as OHS guidelines (perhaps with the relevant NT government department) for all Aboriginal primary health care services.

**Recommendation 18**

Create at least two human resources management support teams (one in the Top End and one in Central) with expertise in workforce planning, management development, coaching, HR diagnostics, performance management and training and development with sufficient resources to service the needs of all NT Aboriginal primary health care service managers. This service needs to be purposefully funded not added on to existing roles or duties.

**Recommendation 19**

A ‘Human Resources Management Manual’ template be developed for health service managers (with support from the new human resources support service) with the aim of integrating and consolidating efforts to ensure that each employee in the health service feels their role is valid and valued. In practice this is best achieved by addressing work organisation, job futures and management styles.

**Recommendation 20**

The recommendations of the Workforce Framework need to be further considered and debated in several high level forums where the final form of infrastructure to be created can be agreed and a realistic timetable for implementation developed. This will form the basis for the creation and release of a detailed implementation plan.