



Recruitment and retention strategy for allied health in the Central Hume Primary Care Partnership—a model development

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Allied health professionals and their services are an important resource capable of contributing to the health, economic prosperity and cultural life of the communities they serve. The changing nature of healthcare, the impact of an ageing population, the dynamics of a relatively young mainly female allied health workforce, and issues unique to rural communities have implications for the recruitment and retention of health care professionals, including allied health practitioners (AHPs).

There are five main service providers that employ allied health staff in the Central Hume region of North East Victoria. These include Northeast Health Wangaratta, Ovens and King Community Health Service, Alpine Health, Delatite Community Health Service and Mansfield District Hospital. Collectively these agencies provide services to a population of approximately 90 000 people spanning a range of modalities including in-patient, outpatient, community health, ambulatory and outreach, and covering the full spectrum of care for people from birth to end of life. As stand alone services, the organisations involved recognise that the relatively small budgets allocated to allied health provision imposes limitations to effective management and team structure.

This Allied Health Recruitment and Retention Project (AHRRP) is funded by the Victoria Department of Human Services (DHS) as one of 32 rural workforce projects state-wide, and is auspiced by the Central Hume Primary Care Partnership (CHPCP), with a Steering Committee comprised of a senior executive representative from each of the above organisations and DHS regional office.

The rationale for the project is that more attractive employment arrangements for allied health teams can be established in the Central Hume PCP catchment through the establishment of an interagency collaborative model and that recruitment and retention rates will be enhanced as a result of an agreed model.

The scope of practice for this project is inclusive of all the following public and private practitioners:

- ▷ allied health assistants
- ▷ audiology
- ▷ clinical psychologists
- ▷ continence nurses
- ▷ counselling services
- ▷ diabetes education
- ▷ dietetics
- ▷ occupational therapy
- ▷ physiotherapy
- ▷ podiatry
- ▷ social work
- ▷ speech pathology

Project aim

To improve the recruitment and retention rates for allied health staff across the Central Hume PCP through the establishment of an agreed model of support, professional development and role definition.

Project rationale

The rationale for the project is that more attractive employment arrangements for allied health teams can be established in the Central Hume PCP catchment through the establishment of an interagency collaborative model. Recruitment and retention rates will be enhanced as a result of an agreed model that incorporates:





- ▷ peer and professional support
- ▷ improved allied health management structures across agencies
- ▷ clarification of roles and role definition, including levels of classification
- ▷ identification and development of more effective and efficient models of service delivery
- ▷ opportunities for skill development and sharing of knowledge and skills
- ▷ innovative recruitment strategies
- ▷ the role of allied health staff in the CHPCP as change agents focusing on population health in its broader context.

Principles and guidelines

Principles and guidelines underpinning the Allied Health Recruitment and Retention Project strategy plan

1. Allied health governance is at its strongest and most effective when allied health operates as an integrated group and when leadership positions for allied health are present at all key operational levels
2. As a general principle, health consumers should have equal access to allied health services no matter where they live within Central Hume region
3. Where appropriate, project and systems strategies to include both public and private practitioners. Recruitment and retention issues to be the focus of project interventions, with retention strategies directed towards ensuring an adequate length of stay. All initiatives to be sustainable and evaluated.
4. Allied health staff have the right to feel valued as an employee, acknowledged for the professional work done and respected for their place in multi-disciplinary health care
5. Sole therapists have unique challenges and efforts should be made for adequate supports
6. In order to enhance the recruitment and retention of allied health employees, it is imperative that professional development opportunities are offered and supported. The budget for such endeavours should be prioritised as a key to strengthening workforce development.

Such opportunities include:

- ▷ professional supervision
 - ▷ clinical education provided in-house
 - ▷ externally provided clinical education for the development of specialist skills
 - ▷ conference leave and funding
 - ▷ partnerships or links with universities for clinical placements, ongoing staff education and research
 - ▷ support for internal research
7. Acknowledge factors which are out of your control regarding retention. There are influencing factors which are out of the locus of control of agencies and private practices in terms of retention. The predominantly young female composition of the AH, the desire for broad experience by new graduates and other factors must be acknowledged and accepted when considering reasons why AHPs are a mobile workforce

The project which consists of 4 phases commenced in October 2004 and concludes in June 2007. As the project evolved, more of a participatory action research approach has been adopted, where as the findings were being written up, they were taken back to the Steering Committee and allied health professionals for their input to develop recommendations and action plans for implementation of the findings.





Outcomes

Outcomes to date include:

- ▷ a mapping exercise and literature review, allied health professional (AHP) survey and exit interviews, which gave us much rich data to produce a widely disseminated Phase 1 project report, which has been used by various shareholders for many purposes. We also produced a service directory (and update) which listed details of allied health services within the region, as requested during the mapping process
- ▷ increased inter-agency communication and service coordination
- ▷ the project has facilitated the establishment of other strategic alliances, such as with the Regional Skilled Migration Coordinator, PHCRED, other agencies in addition to the Steering Committee and some outside of Central Hume PCP, Victorian Healthcare Association, HumeNet, Upper Hume Counselling Network, Alpine Shire Healthy Communities Group, Charles Sturt University, other Victorian rural workforce projects and others
- ▷ we have held workshops with AHPs and managers for them to determine the project priorities and be part of the solutions
- ▷ agencies working together towards role swaps and sharing recruitment strategies and EFTs
- ▷ establishment of the Allied Health Leaders Network. This network of local allied health managers and team leaders has helped to break down some of the barriers experienced by agencies and practitioners, opened up lines of communication, and assisted with innovative and flexible solutions to the challenges of recruitment and retention which are impacting on service delivery and job satisfaction in Central Hume region.
- ▷ re-establishment of the Aged Care Physio Network
- ▷ we have supported AHPs to undertake an accredited supervision course, conducted a supervision survey and identified some challenges around professional supervision which are forming the basis towards adopting region wide supervision guidelines with increased appropriate supervision practice within agencies
- ▷ enhanced professional and workforce development for allied health professionals, including professional development seminars via videoconference
- ▷ funding obtained to continue the project for 2006–2007
- ▷ determining and documenting the actual costs of recruitment, both economic costs and the less quantifiable human costs
- ▷ working with GP Divisions and multi-disciplinary care teams to promote the value of allied health care and promoting the project through media, conferences, journals, etc.
- ▷ there is a heightened recognition of the value of allied health assistants (AHAs) and we are working with the CHPCP Older Person's Cohort and registered training organisations to get more relevant training in the region and increased numbers of AHAs employed
- ▷ the quality of relationships (eg understanding and trust) between agencies on the Steering Committee, and service planning between primary care service providers in the region has improved
- ▷ continuous evaluation of the effectiveness of the Steering Committee partnership.

Workplan strategies

2006–2007 workplan strategies and what's required for sustainability of initiatives:

- ▷ recruitment and retention issues to be the focus of project interventions
- ▷ allied health staff 'swap' between organisations





- ▷ increase resources and opportunities available for professional development
- ▷ increase access, scope and quality of professional supervision in agencies/practices, and support for supervisees and supervisors
- ▷ reduce social and professional isolation
- ▷ the value, training and resource issues of additional allied health assistants to be explored: Where are the resources best used?? Increasing numbers and scope of AHAs
- ▷ increase the profile and value of allied health
- ▷ partnerships and interagency communication to increase service coordination
- ▷ gain further engagement with the project from shareholders
- ▷ develop a sub-regional approach to locum/leave relief
- ▷ evaluate the project to Phase 4 and evaluate the Steering Committee partnership
- ▷ promote project findings and progress to regional shareholders and wider audience
- ▷ development of models for long term sustainability of the sub-regional approach to recruitment and retention, past the life of the project. Development of a 2–5 year plan with recommendations to progress the project's initiatives.

