Linger longer in the Loddon Mallee Region of Victoria—getting and keeping allied health staff

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Background

The Loddon Mallee Region (LMR) covers more than 25% of the area of the state of Victoria and had a population of nearly 300,000 people in 2006.¹

Map of Victoria

There are 19 publicly funded hospitals and 5 stand alone community health agencies across the region, with more than 6,000 health workers. There are more than 3,000 health workers employed within Bendigo Health Care Group alone as the major regional centre. There are about 500 Allied Health Professionals in the area. The definition of Allied Health in this instance includes:

- occupational therapists
- physiotherapists
- speech pathologists
- medical radiation therapists
- podiatrists
- dieticians
- medical imaging technologists
- social workers
- psychologists
- medical laboratory scientists
- allied health assistants
- pharmacists
- pharmacy technicians
- audiologists
- orthoptists
- nuclear medicine technologists
orthotists
medical physicists.

Allied Health Network

During 2002 a review of Allied Health took place in the Loddon Mallee Region with the aim of mapping the service system, identifying gaps and issues in service delivery and providing ‘a useful framework for working toward enhancing the current fragmented and historically based service system foundation’. Key issues for allied health services from this review included:

- service provision issues
- recruitment and retention of staff
- professional development
- resources
- increased demand for services
- coordination of services
- transport
- discharge planning.

Ways of combating these issues included:

- flexible models of service delivery and funding arrangements
- combining small EFT positions in the same geographical area
- tertiary institutions providing rural placement
- rotational work between metropolitan and rural agencies
- coordinated service delivery possibly through Primary Care Partnerships
- using a professional Allied Health body for coordination of professional development, networking, and discussion of issues and regional solutions.

In 2003 Bendigo Health Care Group made a successful submission to the regional Department of Human Services (DHS) in Bendigo to begin the Allied Health Network (AHN). Initially the project received funding for one year but there is now recurrent funding for a 0.5 position of coordinator. The AHN consists of a reference group and a coordinator. The stakeholders are the Loddon Mallee Allied Health Professionals (AHPs) including Occupational Therapists, Physiotherapists, Podiatrists, Dieticians and Speech Pathologists, their employers and the DHS. The aim of the network is to assist with the coordination of professional development and to provide opportunities for AHPs to discuss sectoral and service issues. The primary goals are:

- assist communication between AHPs
- coordination of professional development for AHPs
- support AHPs within the region.
**Region of Choice**

The Department of Human Services has developed a Rural Workforce Strategy which has resulted in subregional health workforce recruitment and retention projects being developed, some of which were implemented throughout Victoria. It was found from these early projects that many of the recruitment and retention issues across all regions were consistent with those found in the literature which included economic, professional, educational, family, social and cultural factors. The most important problems related to:

- limited access to continuing professional development
- mentoring and support
- lack of experience with rural environments and feelings of social isolation
- infrastructure factors including housing, schooling and spouse work opportunities
- availability of locum and relief staff.

In 2005–2006 DHS initiated allied health recruitment and retention projects across Victoria. These were focused exclusively on the rural areas and targeted the allied health workforce as a whole rather than specific disciplines. One of these services was the Region of Choice (RoC) Recruitment and Retention Project. The aim was to improve the recruitment and retention of allied health professionals working in rural Victoria through the implementation of an allied health workforce recruitment and retention service in each of the department’s five non-metropolitan regions. A project manager was appointed in each of these regions. The expected impacts of the project included:

- reduced number of allied health vacancies in regional and rural Victoria
- reduced turnover of allied health professionals in region and rural Victoria
- increased efficiencies for regional and rural allied health workforce recruitment and retention efforts
- increased collaboration between allied health workforce stakeholders in regional and rural Victoria
- improved allied health recruitment and retention information and marketing materials
- improved allied health workforce data.

The stakeholders included the Allied Health Managers across the regions as well as the AHPs. The reference group for RoC in the LMR is the same group as for the AHN. Currently the project is being externally evaluated to determine it’s future.

**Methods**

The RoC project manager and AHN coordinator work closely together to achieve the best outcomes for the region. A number of strategies have been implemented to improve recruitment and retention of AHPs. These include the following.

**Data collection**

Data collection has been carried out since December 2006 to the present for the entire region. An initial questionnaire collected baseline information from all the publicly funded hospitals and Community Health Agencies to quantify the extent of the problem. It also looked at past and current strategies to attract allied health staff to the region and the success of these strategies. The perceived barriers to recruiting and retaining allied health staff were also examined.
Each quarter since then further data is collected regarding the number of terminations:

- discipline
- grade
- permanent/part-time
- speciality
- reason for leaving
- intention to fill.

Information is also collected regarding the vacancies:

- discipline
- grade
- permanent/part-time
- speciality
- length of time the position is vacant for
- reason for being unable to fill the position, if appropriate.

A recent ethics application has been approved to allow for the collection of age of the AHPs across the region. Newcomers and Exit surveys are also now being collected.

**Active recruitment**

For marketing, exhibitors’ tables are used at major conferences and job shows to showcase Victoria and the AHP positions available in the region. Interested AHPs are encouraged to sign up with RoC. Universities in Victoria and further afield have been contacted regarding positions available in rural and regional Victoria. The professional associations have been contacted regarding the project to form relationships to aid recruitment. Other agencies have been contacted such as the Skilled Migration Officers, Rural Workforce Agency of Victoria and Primary Care Partnerships.

Potential candidates who register with RoC are assisted with finding employment in their desired area either by the project manager passing their curriculum vitae’s around to employers with available positions or by passing on position descriptions to the candidates themselves to follow up.

As information about the project spreads, potential candidates are approaching the project manager directly requesting assistance with finding a position. These people may be new graduates or more experienced staff, from Victoria, Interstate or overseas.

**Comprehensive information about living and working in regional Victoria**

Information regarding the community is passed on to new staff as appropriate.

**Assistance to employers in recruiting/retaining staff**

Relationships have been formed with the Allied Health Managers across the region and regular contact is maintained regarding the positions vacant and potential candidates.

**An orientation program and support for allied health workers new to the community**

A proposal has been submitted applying for funding to work on a comprehensive orientation package for all new health recruits in a rural town. This will involve providing information in written format, training
volunteers and matching them with new staff so as to assist with their assimilation into the new town. The volunteer will show the new person the town and introduce them to local people in sporting and civic clubs etc. as their personal interest dictates.

**Website**

A website for the AHN has been developed which includes information on vacancies in the region and upcoming professional development events. A weekly update is sent out regarding all the education sessions available, scholarships announced and any other information relevant to AHPs across the region.

**Collaboration with other programs regarding mentoring programs, continuing professional development, scholarship and other relevant incentives**

RoC and the AHN work with other recruitment and retention programs set up for the region to ensure the best results in terms of dates and venues for professional development opportunities, taking into consideration other events organised for the area. All relevant new initiatives announced are passed on to the AHPs and Allied Health Managers in the region.

**Annual Allied Health Network Conference**

An annual conference is organised for AHPs. The venue rotates around the region to allow for travel constraints which are more of a problem as you travel further to the north of the Loddon Mallee Region. A conference organising committee of Allied Health Professionals and academics is set up five months prior to the event. The conference is an ideal time for new presenters to discuss their research/quality improvement projects in a friendly environment. It is also an opportunity to disseminate information regarding different services being set up in the area which may prove useful to other agencies. In addition the conference provides a good opportunity for networking across the district.

**Bi-monthly newsletter**

Newsletters are distributed electronically across the region to all registered members. Articles in the newsletter are generally from the membership or are requested by the membership. Other related programs sometimes use this as a means of publicising to the AHPs across the Loddon Mallee Region.

**Education sessions**

Education sessions are being video-conferenced throughout the region on a fortnightly basis. There are two programs running monthly regarding clinical supervision issues and different aspects of research. Often these sessions are quite practical and are run by the allied health staff, academics and other experts in the field.

**Advocating for allied health on relevant issues**

Meetings with DHS occur regularly and reports are written to DHS when subjects which are important to local AHPs and Allied Health Managers are discussed. Relevant forums and meetings are attended by the AHN coordinator and RoC project manager and information is then passed on to the membership of the AHN or to the Allied Health Managers.

**Results**

**Website**

This has now been in existence for four years. The usage of the site has been steadily increasing.
The weekly update is now sent out to 331 AHPs—this compares to 193 AHPs receiving it in October 2006. Six interviews were carried out in 2008 with all appropriate suggestions implemented.

There were 136 AHP positions advertised on the website in 2008.

**Bimonthly newsletter**

Twenty-nine newsletters have now been sent out to 331 AHPs and other interested parties across the Loddon Mallee Region and further afield.

**Annual Allied Health Network Conference**

The 6th conference will be held on 27 February 2009. Interest in the conference has been constant with attendance between 50 to 75 annually and the number exceeding 80 in 2009.

**Education sessions**

There have now been six videoconferences regarding ‘Building evidence for Practice’ with an average attendance of 19 across the 6 different sites in the Loddon Mallee region. There have been five videoconferences regarding ‘Supporting clinical educators’ with an average attendance of 26. The calendar is arranged until June 2009 at this stage. Evaluations will be completed at the end of this time.

**Advocating for Allied Health on relevant issues**

As a result of this advocacy additional computers were purchased for some AHPs where supply was inadequate. The regional centres’ librarian has agreed to assist the health agencies when they are unable to access the latest evidence from journals.

**Orientation**

Funding has been approved for the proposal to match new recruits with community volunteers to assimilate successfully into their new environment. This will not be evaluated until 2010.
Newcomers surveys (n = 18) Surveys have been distributed all over the Loddon Mallee area. Findings include:

Gender

- Male: 3
- Female: 15

Age

- 16–24: 5
- 25–34: 9
- 35–44: 3

Discipline

- Physio: 6
- Podiatry: 5
- Occupational Therapy: 4
- Speech Pathology: 2
- Dentistry: 1

First language

- English: 6
- Arabic: 4
- Bhutia: 2

Moved from

- Melbourne: 7
- Rural Victoria: 4
- Interstate: 3
- International: 3

Moved with

- Alone: 13
- Partner/Family: 5

Reason for moving

- Lifestyle: 8
- Work Opportunities for self: 12
- Work Opportunities for partner: 4
- Work Closer to home: 3
- To be in rural Victoria: 1
- Career Change: 3
- Other: 2

Information regarding health services

- Very Important: 11
- Important: 3
- Neutral: 2
Would like more information about

Happy to be contacted further 10
Did not received a welcome kit from local council 10
Searched the web for information regarding their town and were satisfied 9

Expected length of stay

Exit surveys (n = 8) Surveys have been distributed all over the Loddon Mallee region. Numbers are small but show the following:

Gender

Age

Full-time/part-time

Sole position or team position
Intended length of stay

<table>
<thead>
<tr>
<th>Intended to stay for longer than 2 years</th>
<th>Did stay for longer than 2 years</th>
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<tbody>
<tr>
<td>5.5</td>
<td>6.0</td>
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Reasons for leaving

<table>
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<tr>
<th>Reason for Leaving</th>
<th>Frequency</th>
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<tr>
<td>Work/Life Balance</td>
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</tr>
<tr>
<td>New Career</td>
<td>1</td>
</tr>
<tr>
<td>Career Enhancement</td>
<td>3</td>
</tr>
<tr>
<td>New Manager</td>
<td>4</td>
</tr>
<tr>
<td>Relocation</td>
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Would stay if some factors altered

<table>
<thead>
<tr>
<th>Would have stayed if altered</th>
<th>Nothing would make them stay</th>
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</thead>
<tbody>
<tr>
<td>Would stay if altered</td>
<td>Would not stay</td>
</tr>
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</table>

Would recommend organisation

<table>
<thead>
<tr>
<th>Would</th>
<th>Would not</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>5</td>
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Workplace culture

<table>
<thead>
<tr>
<th>Workplace culture good</th>
<th>Workplace culture poor</th>
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<tbody>
<tr>
<td>3</td>
<td>5</td>
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Management respect

<table>
<thead>
<tr>
<th>Management treated you respectfully</th>
<th>Management did not treat you respectfully</th>
</tr>
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<tbody>
<tr>
<td>4</td>
<td>4</td>
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Comments revolved around the need for more flexibility from management and more needing to be done regarding bullying and harassment.

Data collection
The data has not been released by DHS at this stage.

Active recruitment
38 potential new recruits have now had contact with the LMR project manager regarding finding work in rural and regional Victoria.
Conclusion

Recruitment and retention depends on many factors and it is not possible to draw any definite conclusions regarding the success of these strategies. However, there has been substantial growth in the involvement of the AHPs with the AHN and anecdotally the AHPs have reported that they have found the support valuable overall.

Collaboration activities have increased through the region including work shadowing opportunities, professional development across departments and organisations, and discipline specific networks initiated. Allied Health Managers are having increased contact.

There are still health agencies in this region that are facing severe difficulties with finding and keeping suitable allied health staff. There continues to be a requirement for further research including the broader areas such as career structure and remuneration issues.

Finally—why would you want to move to the Loddon Mallee Region?

Firstly there is Greater Bendigo—the vibrant heart of a fascinating goldfields region, rich in award winning wineries, gourmet restaurants and bistros and glorious heritage architecture. There are also festive and cultural events occurring all year around. Bendigo is also well known for its cycling.

Within half hours drive there’s excellent access to major fishing and boating venues such as Lake Eppalock, Lake Cairn Curran or the Loddon River at Bridgewater. If you are energetic you can squeeze in a round of golf on picturesque fairways where the only hazards are the kangaroos!

If you come and explore the Swan Hill region you can play on some of the best golf courses in Australia, catch fish in impressive rivers and lakes, eat and drink the fine local produce the region is justly famed for, enjoy the mighty Murray River and its surrounding natural wonders and soak up our unique history at the Pioneer Settlement Museum.

Just two hours drive north of Melbourne, Echuca is famous for paddlesteamers and its historic wharf and port. Situated next to the Murray River, Echuca is close to parks and native forests and is popular for swimming, boating and fishing.

The city of Mildura is an oasis on the Murray River centrally located in the lush Sunraysia region. In its vicinity you can experience a tour of the outback and visit a world heritage-listed National Park with Aboriginal sites that date back 40,000 years.

If you are a person who would like the opportunity to contribute to the health and well being of the Victorian community why not indulge yourself and enjoy the rewards of the Loddon Mallee Region.3,4

References

Presenter

Carol Parker started working at the Collaborative Health, Education and Research Centre at Bendigo Health in 2007 as a project manager whilst initially continuing with a domiciliary physiotherapist role at the Home Assessment and Rehabilitation Team also at Bendigo Health. For the previous 16 years she worked for Bendigo Health as a domiciliary physiotherapist with a multidisciplinary allied health team covering the rural areas outside Bendigo. Prior to this she worked in various positions as a physiotherapist in Australia, the Middle East and the United Kingdom.