

COMMUNIQUE – MEETING NO. 8: 29-30 AUGUST 2019

This meeting of the NT Clinical Senate focused on working across the NT health sector to develop the workforce for the future, acknowledging the role of technology in providing innovative workforce solutions.

I should very much like to thank the Minister for Health, Hon Natasha Fyles, for her visit to the Clinical Senate to launch the NT Health Workforce Strategy 2019-2022. The Strategy focuses on NT Health collaborating and working together across the government and NGO sector to allow the workforce to maximise clinical flexibility and retention.

I should also like to thank Professor Catherine Stoddart, Chief Executive NT Health, for her attendance at the Clinical Senate to discuss the progress of recommendations made at previous meetings.

The keynote speaker was Professor Peter Brooks, from the Centre for Health Policy, School of Population and Global Health, University of Melbourne; Research Lead Northern Health, Melbourne. Professor Brooks highlighted increasing demand and the need to strengthen coordination of care around the patient as key drivers for workforce development.

There are good news stories in the development of the NT Health workforce. Turnover rates in nursing, 39% of the total NT Health workforce, have decreased from almost 50% to 20% since 2012. Senators were reminded of the success of the NT Medical Programme which has seen almost 38% of the 2014 graduates still working in the NT. The integrated school-training-employer 'pipeline' model adopted by the NT Medical Programme is starting to be adapted for other professions, notably allied health. The profession which does require significant support is that of the Aboriginal Health Practitioner, where numbers remain low at 1% of the NT Health workforce.

Senators debated the issues and challenges over the 2 days of the meeting. They have developed a number of recommendations for the Chief Executive. Recommendations have been made in relation to contract flexibility, recruitment and retention support, a flexible workforce which can cross the government and NGO sector, the development of the Aboriginal health workforce and of a broader rural generalist workforce.

Image: Challenges and Opportunities next page.

CHALLENGES

- INCREASING DEMAND
- DYSFUNCTIONAL FUNDING STREAMS
- FAIR WORK OF CARE
- SCOPE OF PRACTICE?
- Pw INPUT?



PHY GAD
SPECIALISTS + GENERALISTS

ABORIGINAL HEALTH LITERACY



HOW DO WE GROW GENERALISTS IN THE NT?

HOW CAN WE GROW THE ABORIGINAL HEALTH PRACTITIONER WORKFORCE?

HOW CAN WE UTILISE DIGITAL TECH TO ENABLE OUR WORKFORCE?

HOW CAN WE EXPAND SCOPE OF PRACTICE TO ENABLE INTERDISCIPLINARY TEAMS?

HOW CAN WE DEMONSTRATE THE VALUE OF THE CARE NAVIGATOR WORKFORCE?

OPPORTUNITIES

WORKFORCE SUPPLY

TECHNOLOGY GROWTH

↑ 30-34 YRS
↑ LONGER TENURE
↑ WOMEN IN MEDICAL
↑ NURSING + MEDICAL
8% 88% FRONTLINE
PARTNERSHIPS WILL BE KEY



HOW CAN WE REBALANCE THE MALDISTRIBUTION OF THE WORKFORCE?

HOW CAN WE ENSURE EDUCATION, TRAINING & SUPERVISION TAKES PLACE IN THE NT?

HOW CAN WE INVOLVE THE LOCAL COMMUNITY IN CARE PATHWAYS?