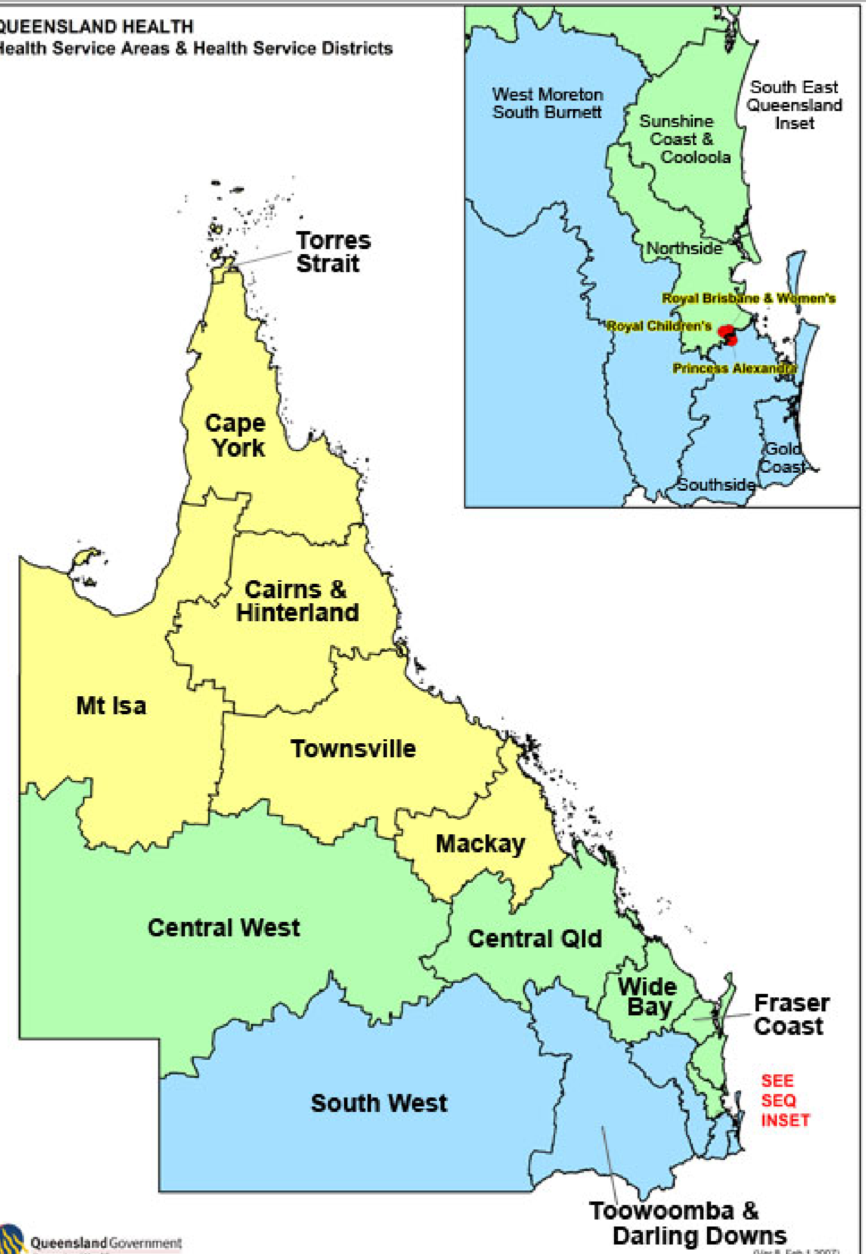
Recruitment and retention strategies for rural Allied Health

A city country partnership

Maryann Schubert / Julie Connell
Princess Alexandra Hospital
Brisbane Queensland

Queensland Government
Queensland **Health**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Health Service Areas & Health Service Districts
West Moreton South Burnett
Sunshine Coast & Cooloola
South East Queensland Inset
Northside
Royal Brisbane & Women's
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Princess Alexandra
Gold Coast
Southside
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(Ver 8, Feb 1 2007)

Rural Recruitment and Retention – Outline

1. Background
2. The Issue defined
3. An alternate solution
4. Process
5. Retention challenges
6. Outcomes
7. Inbuilt Sustainability
8. Evolving role of CSS PAH
9. Questions

Background

- **1999 AH workforce review**
  - Outcomes included AHPEP, post grad scholarships, research grants, conditional advancement, AHA training, EBP training, demand management toolkit etc
- **2005 Forster review**
  - Identified lack of AHP numbers
  - Restructured districts supported by SAHS from Feb 2007

- **2006 SAHS restructure**
  - SAAH Workforce Advisory Group
  - Clinical networks developed
  - EB6 added rural incentives
- **2007**
  - 6 AH WDO's for each district
  - targeted professional development eg cancer care

Issue

- **Rural situation**
  - Sole practitioners
  - Line manager not of AHP background
- **Staff profile**
  - Recent graduate
  - Experienced clinicians
- **Limited control of budget**
  - Service planning, treatment areas, office space, human and material resources

For Allied Health Professionals

- QH organisational structure and rural professional isolation limited successful recruitment unless one had another reason or commitment to living rurally
- New graduates accepted positions but unless they were to develop a connectiveness to job, location, community, felt supported, retention was limited

Opportunities for Partnership

- Sharing of discipline specific information, knowledge and skills
  - Recruitment
  - Professional development
  - Networking
  - Clinical supervision
  - Cross fertilization of ideas via rotations to rural districts
- For improved
  - Continuum of patient care
  - Quality activities to support patient outcomes
  - Best practice guidelines based on EBP
  - Understanding of local work practices based on geography , rural access , resources service delivery, facility practices

An alternate solution
The Background

- Mature Division of Clinical Support Services at Princess Alexandra Hospital
- Staff opportunities have flowed from this
- Executive Director and Directors saw opportunity to value add to their professions
- Have ability to contribute to AH workforce capability and capacity beyond their workplace

Connectiveness

- The Princess Alexandra Hospital was to become the link to providing that connectiveness
- Each individual saw the link in a different way
  - Professional development
  - Belonging to a team
  - Networking
  - Research
  - Supervision/support /mentoring
- Easier with enhanced communication modalities eg email/video conferencing/mobile phones
- Manager's role was to recruit AH and then facilitate these links (tailored to each individual)

Process

- Needs analysis to determine AH mix
  - Developed working relationship with rural districts
  - Determined gaps in service
- Development of local teams
  - Recruitment and retention
    - Permanent positions not contract / locum
    - Rural allowance in Sept 2006 helped
    - Facilitated access to professional development
    - Orientation and support package

Program Development

- Commenced January 2006 (16 FTE)
- 5 OTs, 3 PTs, 4 SPs, 2 DTs, 1 SW, 1 AHA
- 5 teams in rural towns west of Toowoomba
- Based on local service delivery model
- Focused on QH core business
  - inpatients including NH accreditation
  - cardiac rehabilitation and CDSM programs
  - community health outreach clinics
  - management of patients with more complex needs requiring multidisciplinary treatment

Results to Date

	January 2006	Resignation	January 2007	Additional Staff	Resignation	July 2007
Charleville	2		3	+1		3
Roma	2^		2^			2^
Dalby	5	1	4	+1		5^
Chinchilla	0		1	+1		1
Kingaroy	4	1	4		1	3*^
Warwick	3	2	2			2^
	16	4(2@QH)	16		1(0@QH)	16

Lessons Learnt for Rural Recruitment

- Recruit towards the end of the year
- Target students as they are the most mobile with least ties /commitments
- Offer support and networking opportunities
- Link to Princess Alexandra Hospital is a draw card for all staff
- Provide close supervision via experienced staff (not F2F)
- Maintain regular contact to develop a working relationship
- Discuss career pathways/opportunities as part of recruitment
- If team members aren’t happy encourage them to go, don’t try and keep them

Challenges All Round

- For new team members
- For district based allied health
- For all AH in district restructure
- For program manager

- For staff retention, need to address these challenges via team meetings, PADs, support and supervision, communication strategies, learning opportunities

For New Team Members

- Establishing a professional identity
  - of self
  - as a team member
- Promoting new positions and disciplines to local communities
- Service delivery outreach model ie more AH services in more centres
  - required high levels of travel
  - membership of many local health teams

For New Team Members (2)

- Other health workers had expectation of clinicians' skills above their level of training and experience
- Needed to identify areas for professional development and training in discipline and QH core business

For
District Allied Health Staff

- New staff unknown quality in terms of knowledge, skill and experience
- Created more lines of communication
  - Compounded by lack of local team leader
  - Losing their sole practitioner role
- Resource sharing
  - Equipment/work areas

District Restructure

- New governance structure
  - Local control and independence as sole rural practitioner but what of the future
  - New lines of accountability -operational and professional
  - Increased supervision, support networks
- Working within a changing organisational structure
  - Need to integrate 2 teams into one locally
  - Integration into new health districts

Program Manager

- Working in an uncertain and changing environment
- Honesty in recruiting
  - +/-ives, seeking team fit, setting expectations of staff
  - Follow up on leads re staffing
- Focusing on retention of staff
  - Difficult times for inexperienced staff
  - Providing opportunities for career development/ service planning and professional development
  - Education of corporate process/governance
  - Develop a good working relationship
  - Responsive to staff requests re support /supervision
  - Development of discipline specific networks within program

Outcomes

- Clinically
  - Increased services and education programs in more locations
  - Increased awareness of QH core business rurally
- Staffing
  - Increase AHP numbers in SWQ
  - Clinicians have peer support in their workplace
  - Explored opportunities re locums / secondment / transfer at level
  - Staff applied for PO3 progression and conditional advancement
  - AHPEP/work shadowing
  - Staffing innovation re locums, student placements
  - Strong partnerships with manager

Lessons Learnt from Managing this Change

- Working towards sustainability
- No ‘one size fits all’ model
- Potential staff are active participants in the recruitment process
- Ability to work in a changing environment
- Education of staff re health big picture
- Don’t underestimate parallel processes

Inbuilt Sustainability

- Needed
  - For long term AH credibility
  - Partnership and discipline network formation
- To grow workforce capacity and capability
- Promote a culture of teaching, training and support at all levels
- Need to get the governance right

In Summary

- 16 additional AHP have been recruited to SWQ, despite the cyclic nature of AHP recruitment these number have remained constant after 18 months and a period of organisational restructuring.
- The major crucial factor for staff retention has been the link to Princess Alexandra Hospital, for support , supervision, networking and training.

Evolving Role of CSS PAH

- Started small
  - With Director's support
  - Identifying capacity
  - Identifying issues and planning solutions
  - Identifying staff interested in exchange / secondment / locum cover
  - Training and support opportunities within PAH
- Based on previous working relationships

Where To From Here

- Value rural AHP service in QH
- AHP managers to value rural service in their recruitment processes
- Enhance opportunities for secondment / transfers within SAHS
- Provide opportunities with discipline specific networking

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- CSS managers group at PAH particularly
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Questions?