SCHEDULE 7: HEALTHY COMMUNITIES

Schedule Leaders:

- Lesley Barclay (Graduate School of Health Practice, CDU)
- Greg Rickard (Department of Health and Community Services)
- Peter Boyce (Department of Health and Community Services)

1. Governance Structure

Schedule 7: The Healthy Communities committee will provide the leadership for the CDU and Department Health and Community Services identified priorities for the Partnership Agreement: the overarching goals for the Partnership which are:
   1. economic development;
   2. social and cultural development; and
   3. environmentally sustainable development.

The Schedule group (also known as the Committee) will meet quarterly in 2007. Sub committees will be formed to address Indigenous and Workforce issues. These will meet regularly until they have achieved their brief, reporting to the Schedule Committee at each meeting. One of the co-chairs will chair all subcommittee meetings.

Greg Rickard (joint Schedule Leader and Chairperson)
Lesley Barclay (joint Schedule Leader and Chairperson)
Peter Boyce (Schedule Leader)

Committee members are: Sandra Speedy, Michael Woodhouse, Peter Pangquee, Sue Kildea, Robyn Thompson, Ross Springolo, Jan Evans, Jude Eastaway, Susan Penfold, Noelene Swanson, MaryAnn bin Sallik (see appendix 1)
Invited to join Feb 07: Dr Michael Lowe and Dr Prof Michael Wilson
Minutes: Natasha Lawrence

For clarification and further discussion

Indigenous subcommittee
Workforce subcommittee
Other subcommittee (to address emerging issues)
2. Context and Issues

The Northern Territory has unique challenges in the delivery of any service. The population of the Northern Territory is approximately 200,000 and spread across more than 1.3 million square kilometres. Around 30% of total population identify as Indigenous, with approximately 60% of this number living in remote communities. Approximately 80% of the hospital population is Indigenous. Not only is the burden of disease disproportionate to the rest of Australia, the Northern Territory health services environment is characterised by shortfalls in skilled clinical and professional employees availability across all fields of health and community services. The Territory has some areas of health research that are active and well developed, such as biomedical and public health, and others that are newly developing such as social sciences/health and community services/medical anthropology and health economics. The unique characteristics of the Territory also mean that those elements which contribute to building a healthy community and preventing illness are not well understood or known. This schedule will focus on developing workforce and professionals to deliver effective health services and practices throughout the Territory and workplaces. It will develop strategies to ensure the relevance of health and community services education to Territory needs, particularly Aboriginal community skills needs.

It was agreed at the first Schedule/Committee meeting in February 2007, that the overarching and key issue to be addressed was workforce. This has been conceptualised below with the component parts identified.

The Schedule will also continue to encourage research and evaluation in and of health issues affecting Territorians.
JOINT ACTIVITIES OR TENDERED WORK

Data collection/evaluation and research
1/workforce vacancies and analysis of need
2/role analysis and creative use of staff
3/workforce turnover-action on improved recruitment and retention
4/analysis of how education can better meet industry needs and upskill workers
5/work readiness of graduates
6/challenges of incorporating best mix of indigenous, ‘homegrown’ employees & overseas qualified
7/availability of staff for supervision & mentoring
8/workforce redesign
9/other barriers & challenges

Provide input into core areas of NT workforce
1/general recruitment & retention
2/indigenous staff
3/staff development & training

Education providers
PhD
(GSHP, Menzies and Faculty)
NTGPE
Clinical teaching and learning
DCHS
Masters
(GSHP, Menzies)
Other
Australian University feeder courses
eg
Occupational Therapy - James Cook Uni, Flinders Uni - Speech Pathology
Transition Program
(GSHP)
DEET, BIITE Undergraduate (Faculty)
Joint NT Clinical School

JOINT ACTIVITIES
Initiatives to improve Health Workforce Development
Post graduate Scholarships for further study
Cultural training
English language and clinical training for overseas qualified nurses
Academic literacy training for indigenous further study
Cadetships
Apprenticeships

Inputs to inform decision making/shared strategic priorities
COAG
Health Workforce Subcommittee
DEWR
General health report
National agenda
Indigenous opportunities Schedule
ACH allocation from DEET
Indigenous Subcommittee
Safe Communities Schedule
3. **Shared Strategic Priorities**

Schedule 7 members have identified the shared priorities reflected above. Education is integrally linked to recruitment, retention and workforce readiness with research and better data and evaluation leading to improved workforce design and deployment\(^2\). Our subcommittees will scope a brief, a work plan and more specific KPIs for approval of the committee.

![Diagram showing Shared Strategic Priorities]

4. **Goals (see appendix 2)**

a) **Overarching goals for 2007**

- Undertake targeted data collection and analysis designed to inform the current workforce needs;
- establish baseline measures against which improvements can be made;
- continue and increase rates of enrolment in courses designed specifically with and for NT employment;
- attract first Aboriginal course work students into post graduate courses and increase intake rates for undergraduates and VTE students;
- develop allied health undergraduate and or VET pathways;
- consolidate the first year of the new undergraduate (UG) social work program and other new social work post graduate courses;
- investigate work readiness in the UG program and include and strengthen this in the new curriculum;
- improve the quality of clinical teaching and learning in the UG nursing program;
- establish P1 positions for allied health professional groups with a priority to identified workforce skills gaps: Occupational Therapy, Physiotherapy, Social Work, Speech Pathology; Dental Therapy, Audiology; Pharmacy; Radiography and Sonography;
- investigate options to reshape allied health professional career structure;
- analyse and develop undergraduate and VET programs in allied health;
- investigate work readiness in the undergraduate programs and include and strengthen this in the new curriculum; and

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\(^2\) The CDU, Graduate Diploma of Midwifery has already demonstrated some successes in this regard with an improved redesigned program around a partial employment model that is based on research and incorporating a remote placement improving recruitment, retention and work readiness of midwives in the NT
improve the quality of clinical teaching and learning in the undergraduate nursing program.

b) Overarching goals for 2007-2009
- Complete development of new courses designed specifically for recruitment and retention that combine contracted employment and education- e.g. a masters in disaster, emergency and critical care practice, maternal child health combining midwifery, child health and remote and urban placements designed for nurses who want to work in international or Indigenous health;
- establish a regular and consistent pattern of enrolment in highly rated courses that enable the university to sustain high quality staff and course delivery;
- have demonstrated outcomes from our first workforce redesign project;and
- establish the needs for existing workforce upgrading through short courses.

c) Overarching goals for 2007 - 2011
- Demonstrate significant improvements against recruitment and retention of nurse, midwives, allied health professionals, social work and AHWs workers in all roles;
- provide a range of high quality, highly respected courses from VET through to PhD available for NT residents and that attract persons to the NT;
- have mutually beneficial relationships embedded in a range of processes between NTG, though DCHS, and CDU, DEET and BIITE, Centre for remote health and the NT Clinical School?;
- have a range of service improvements operating with improved evaluations data informing continuous improvement;
- clinical placement of students in all disciplines working rationally and well for NT benefit;and
- have an established staffing profile based on evidence that can be used to monitor trends and for recruitment and training purposes.

5. Strategies

To be established by the Schedule Committee and subcommittees. These will be enacted through leadership from the NTG and CDU with support through meetings, subcommittees and members either as individuals or working with and through their organisations. (see appendix 2)

6. Key Performance Indicators

Specific KPI's will be developed under these broad categories (see appendix 2):

1/ Reduction in workforce vacancies in all sectors;
2/ Reduction in workforce turnover;
3/ Rising uptake of further education in workforce;
4/ Rising work readiness of graduates;and
5/ Increasing successes and opportunities for indigenous, ‘homegrown’ and where appropriate overseas qualified & employees.
Appendix 1

Committee members and organisations:

Lesley Barclay – Chair, Health Services Development (CDU)
Greg Rickard - Principal Nursing Advisor, Director Clinical Learning (DHCS)
Renae Moore (replaces Jude Eastaway) - Principal Allied Health Coordinator (DHCS)
Jan Evans - Assistant Secretary Corporate Management Services (DHCS)
Jenny Scott (replaces Michael Woodhouse) - Assistant Secretary, Community Services (DHCS)
Ross Springolo – Director, Strategic Planning (CDU)
Peter Pangqee – Principal Aboriginal Health Worker and Senior Policy Officer (DHCS)
Peter Boyce - Director, People and Organisational Learning (DHCS)
Sandra Speedy – Head of School of Health Sciences (CDU)
Sue Kildea – Associate Professor Midwifery (CDU/DHCS joint appointment)
Noelene Swanson – Director, Remote Health (DHCS)
Michael Wilson – Director, Northern Territory General Practitioners Education Unit (NTGPE)
Michael Lowe – Clinical Dean, NT Clinical School
## Appendix 2

### Long-term Goals (2007-11)

<table>
<thead>
<tr>
<th>What will we do?</th>
<th>How will this get done?</th>
<th>By whom and when?</th>
<th>How will we know it is done?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate significant improvements against recruitment and retention of nurse, midwives, allied health professionals and Indigenous health workers</td>
<td>Establish evidence based workforce numbers for acuity and type or services possible in hospitals and community services in NT</td>
<td>GSHP/DHCS/Schedule 7</td>
<td>Local research evidence guiding employment levels and patterns; these include measures of stability and turnover</td>
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<tr>
<td>Provide a range of high quality, courses from VET through to PhD available for NT residents and that attract persons to the NT</td>
<td>Partnership agreement schedule 7. Work with NTG to develop courses that are appropriate</td>
<td>GSHP/DHCS/Schedule 7</td>
<td>Formal and informal evaluations of units and course reported</td>
</tr>
<tr>
<td>Have mutually beneficial mechanisms embedded in a range of processes between NTG, though DCHS, and CDU</td>
<td>Partnership agreement schedule 7. Course Advisory Committees (CAGs) Overseas Qualified Nurse training Clinical placement issues worked on mutually and productively</td>
<td>GSHP/DHCS/Schedule 7</td>
<td>At least 2 examples of these mechanisms CAGs working well and achieving industry and university goals Clinical Placements coordinated effectively with students achieving prescribed outcomes. Mentoring of clinical staff by CDU who undertake workplace assessments</td>
</tr>
<tr>
<td>Have a range of service improvements operating with improved evaluations data informing continuous improvement</td>
<td>Partnership agreement schedule 7. Course evaluations to be completed regularly and frequently for all new programs and units. Practice development and service redesign projects underway.</td>
<td>GSHP/DHCS</td>
<td>At least 2 examples of these CI activities. At least one example annually of mutually conducted service redesign or practice development activity being mutually conducted</td>
</tr>
<tr>
<td>Effective clinical placement of students in all disciplines and meeting the needs of both students and DHCS.</td>
<td>Agreed processes for high quality clinical leaning. Out of state student placements rationed and</td>
<td></td>
<td>Development of a specific CDU and DHCS placement Policy and Agreement.</td>
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<td>only available when local needs and programs placement needs are met</td>
<td>Employed models established for student experience and income generation in at least 4 fields</td>
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<tr>
<td>No reports of NT students missing places for clinical training because of interstate students</td>
<td>A supervisory process in train to allow interstate students into NT DCHS placement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Have an established staffing profile based on evidence that can be used to monitor trends and for recruitment and training purposes</th>
<th>Establish a data base and access to useful data sets that enable this to be reported and ‘tracked’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target recruitment to gaps and strategic imperatives based on data.</td>
<td>Mechanisms to report trend data and action established.</td>
</tr>
<tr>
<td>Plan educational developments around evidence based projections of workforce needs and shortages.</td>
<td>University planning and courses based on known needs and industry responsive and informed.</td>
</tr>
</tbody>
</table>
## Medium term Goals (2007-9)

<table>
<thead>
<tr>
<th>What will we do?</th>
<th>How will this get done?</th>
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</thead>
</table>
| Consider new courses designed specifically for recruitment and retention that combine contracted employment and education—e.g. a masters? Nurse practitioner in renal/disaster, emergency, chronic disease, and masters in maternal child health combining midwifery, child health and remote and urban placements; double degrees un UG level in nursing/Occupational Therapy, etc | Decide what options would be most attractive to the University and employers and likely to attract high calibre staff/students.  
Demonstrate responsiveness and flexibility in course design to ‘fit’ workforce needs and creative opportunities for remote rural workforce development and placement.  
Develop mechanisms that allow for employment and leaning simultaneously.  
Develop increased focus on courses for Allied Health and Aboriginal Workforce. | Chairs in Disaster and Emergency, Health Services Development, Clinical Nursing, Faculty Dean and Heads of Schools of Health and Science | At least one new initiative underway by 2009                                                                 |
| Establish a regular and consistent pattern of enrolment in highly rated courses that enable the university to sustain high quality staff and course delivery | Continuing to monitor recruitment and attrition into courses.  
Evaluate new course and units rigorously and respond promptly to problems identified from both students and industry. | Faculty/GSHP and DHCS staff. | Monitor student numbers across a range of health and social welfare courses offered locally. |
| Have demonstrated outcomes from our first workforce redesign project.  
Development of a body of knowledge around workforce re-design and practice development. | Partnership agreement schedule 7. | GSHP/Faculty and DHCS staff | Data evaluated through schedule 9 shows improvement in workforce utilisation and service design in a minimum of one area.  
Number of reports, papers and/or referenced articles resulting from workforce re-design and/or practice development. |
| Establish the needs for existing workforce upgrading through short courses.     | Undertake workforce analyses.  
Identify how these needs | CDU staff/Clinical Learning Branc | At least 2 focussed short courses offered annually that are highly |

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*Note: The document contains additional text, but the above table summarizes the key points related to the medium-term goals.*
can be met in relation to DCHS, Division of General Practice and Primary Health Care, NT and AMSANT needs.

Consider whether courses can be articulated into formal award programs undertaken through CDU (VTE and Higher Education) and Menzies programs.

| evaluated | • meet employers needs  
| • encourage enrolment/and or that cover costs |
## Goals for 2007

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</thead>
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<tr>
<td>Aggregate current data collection and analysis designed to inform the current workforce needs. Identify workforce data gaps.</td>
<td>Dentistry completed. Project to deciding on specific information requirements.</td>
<td>DHCS/GSHP and other providers. Identify funding source to complete the workforce modelling planned. Project ‘Managing mobility among Northern Territory nurses’, including: ‘Employment of the Overseas-Trained nurses in the Northern Territory has begun.</td>
<td>Provided to Schedule 7 members. Annual collection to show trends. Project on Nurse and Midwifery Mobility monitored at 6 monthly intervals by Schedule 7 members.</td>
</tr>
<tr>
<td>Establish baseline measures against which improvements can be made for both workforce profile and practice development opportunities.</td>
<td>Partnership agreement schedule 7 deciding on specific information requirements</td>
<td>DHCS/GSHP and other providers. Need funding source. Annual collection to show trends.</td>
<td>Provided to Schedule 7 members. Opportunities developed.</td>
</tr>
<tr>
<td>Continue and increase rates of enrolment and completion in courses designed specifically with and for NT employment.</td>
<td>Marketing of the CDU undergraduate and postgraduate courses. Promotion of scholarships and courses.</td>
<td>DHCS/CDU</td>
<td>Student numbers known and reported Analysis from DHCS/scholarship uptake Annual collection to show trends.</td>
</tr>
<tr>
<td>Increase the number of Aboriginal course work students into post graduate courses.</td>
<td>Consider entry pathways and targeted cohorts of students.</td>
<td>DHCS/ CDU</td>
<td>Evidence of success of at least one such student in 2007.</td>
</tr>
<tr>
<td>Increase intake rates for undergraduates and VTE students in known areas of demand.</td>
<td>Marketing. Course credibility maintenance.</td>
<td>DHCS/ CDU/BIITE</td>
<td>Student #’s</td>
</tr>
<tr>
<td>Investigate NT industry’s position on employment opportunities for new graduates in AHP workforce skills shortage groups: Occupational Therapy; Physiotherapy; Social Work; Speech Pathology; Dental Therapy; Audiology; Pharmacy; Radiography and Sonography and Clinical Psychology, which will assist in determining the</td>
<td>Undertake analysis for consultation that develops a workforce demand and employment model for allied health and welfare workers</td>
<td></td>
<td>DCHS reallocate of places across the P bands to ensure rational employment of graduates from local programs and identify where autonomous practice precludes this CDU to target course development to identified and substantiated need</td>
</tr>
<tr>
<td>Demand for and type of UG course development at CDU and/or development of formal partnerships with interstate universities eg development of first year feeder courses.</td>
<td>Rational basis for employment across P levels in place</td>
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<td>Establish P1 positions for allied health professional groups with a priority to identified workforce skills gaps: Occupational Therapy, Physiotherapy, Social Work, Speech Pathology; Dental Therapy, Audiology; Pharmacy; Radiography and Sonography.</td>
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<td>Investigate options to reshape allied health professional career structure which will provide job opportunities: “growing our own” and enhance career pathways on the continuum Vet - UG- PG with major employer/s of AHP ie DHCS, underpinned by a Clinical Governance model.</td>
<td>Work with professions to undertake credible new courses. Develop pathways. Hire appropriate staff.</td>
<td>DHCS/ CDU</td>
<td>At least 1 course for which there is demand and that can be offered locally has been developed with others in the pipeline</td>
</tr>
<tr>
<td>Analyse and develop undergraduate (UG) and VET programs in allied health</td>
<td>Establish need and undertake course development accordingly</td>
<td>At least one new course running by 2009</td>
<td></td>
</tr>
<tr>
<td>Investigate work readiness in the UG program and include and strengthen this in the new curriculum</td>
<td>To be addressed by UG CAGs in pharmacy, nursing, social work</td>
<td>DHCS/CDU</td>
<td>Report to Schedule 8 group</td>
</tr>
<tr>
<td>Improve the quality of clinical teaching and learning in the UG nursing program</td>
<td>Reworking of UG curriculum and work on quality and nature of clinical placements</td>
<td>Faculty and GSHP</td>
<td>Report to Schedule 8 plus evidence of CAGs</td>
</tr>
<tr>
<td>Improve the quality of clinical teaching and learning in DHCS workplaces.</td>
<td>Workplace development through the transition to practice programs, practice development and mentoring/clinical supervision.</td>
<td>DHCS, Clinical Learning</td>
<td>Report to Schedule 7 Staff #’s in DHCS</td>
</tr>
</tbody>
</table>