Planning it, getting it, keeping it—a framework for the workforce in Aboriginal primary health care in the Northern Territory

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Rob Curry is a Melbourne-trained physiotherapist who has resided in Darwin in the Northern Territory since 1983. He spent the 1990s working as remote physiotherapist in Aboriginal communities out of Darwin where his focus was aged and disability care within a remote primary health care setting. He then spent three years with the Tiwi Health Board managing public health and health promotion programs and has now been with the Aboriginal Medical Services Alliance of the NT (AMSANT) since 2004. AMSANT is the peak body for over 25 Aboriginal community controlled health services across the NT and Rob's current position of Programs Manager has him involved in Aboriginal primary health care workforce issues and a range of support programs for AMSANT members including ICT, health data and accreditation support.

Rob's professional interests centre around primary health care policy and practice within Aboriginal health and how these are related to the current national health care reforms. He obtained a masters degree in primary health care from Flinders University in 2010. He is a current Board member of Services for Australian Rural and Remote Allied Health (SARRAH) and he represents the Australian Physiotherapy Association on the Council of the National Rural Health Alliance.

The current workforce in Aboriginal primary health care in the NT paints a confused and troubling picture. The field is marked by significant gaps in services, but also areas of duplication. There are many highly committed health professionals, managers and policy experts, but also an unacceptably high level of staff turnover impacting on service delivery. The Aboriginal Health Worker profession is at the crossroads in terms of its survival. Doctors remain difficult to recruit and retain. Remote area nurses continue to confront the rigours of isolated practice, and allied health professionals remain under-represented across almost all fields of expertise. Overlaying these difficulties are current PHC reforms and service expansion stemming from the NT Emergency Intervention and the complexity of numerous categories of PHC provider – Aboriginal community controlled health services, NT government health services, the Divisions of General Practice, and some non-government organizations all competing within the same space.

In response to these challenges, and in line with PHC reforms to establish pathways to community control of Aboriginal PHC, the NT Aboriginal Health Forum commissioned work to establish a shared vision for Aboriginal PHC workforce development and support. The hope was that an agreed workforce vision would bring the various stakeholders, funders and employers together into collaborative and productive workforce planning and action.

In June 2010 Human Capital Alliance was contracted to review previous projects and undertake consultations to develop an overarching workforce framework focused on the issues of workforce marketing, recruitment and retention. Key themes quickly identified for the framework included the need to clarify workforce demand issues before focusing on supply, the need for the application of HR best practices in the remote NT environment, the critical importance of effective training and preparation for Aboriginal PHC practice, and the need for renewed focus on growing our own health workforce in the NT with particular regard to expanding the numbers of Aboriginal people taking positions in PHC. This paper summarises the Workforce Framework that was produced.