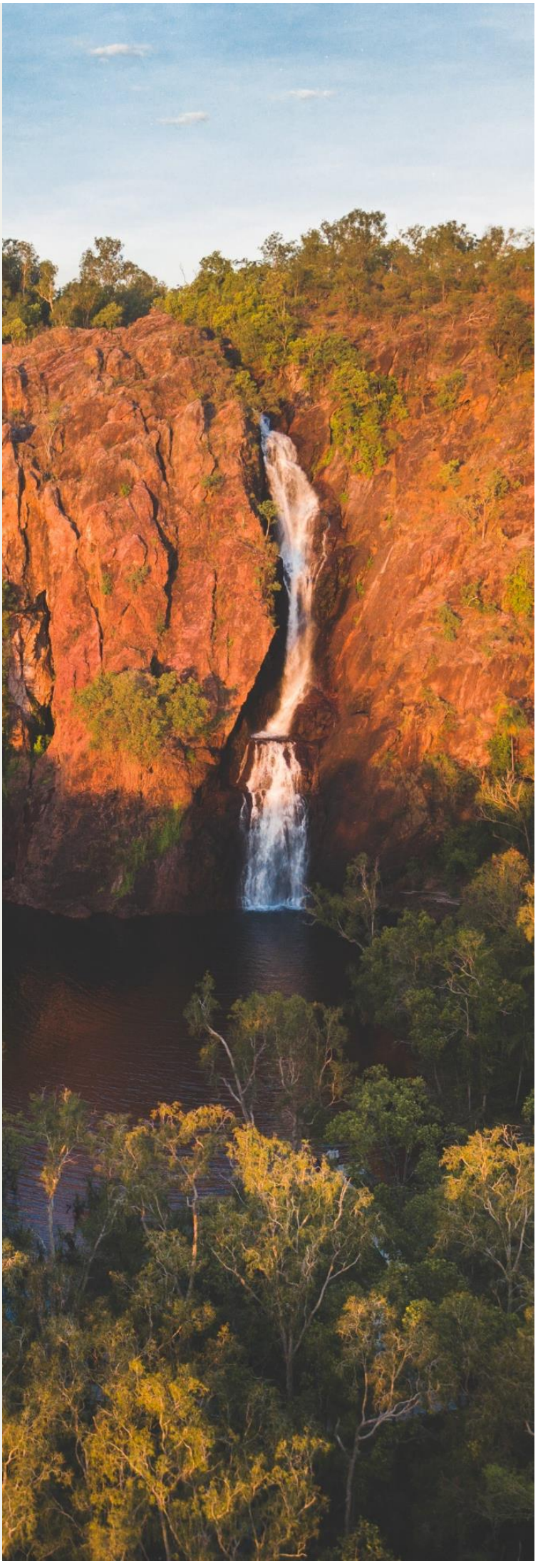
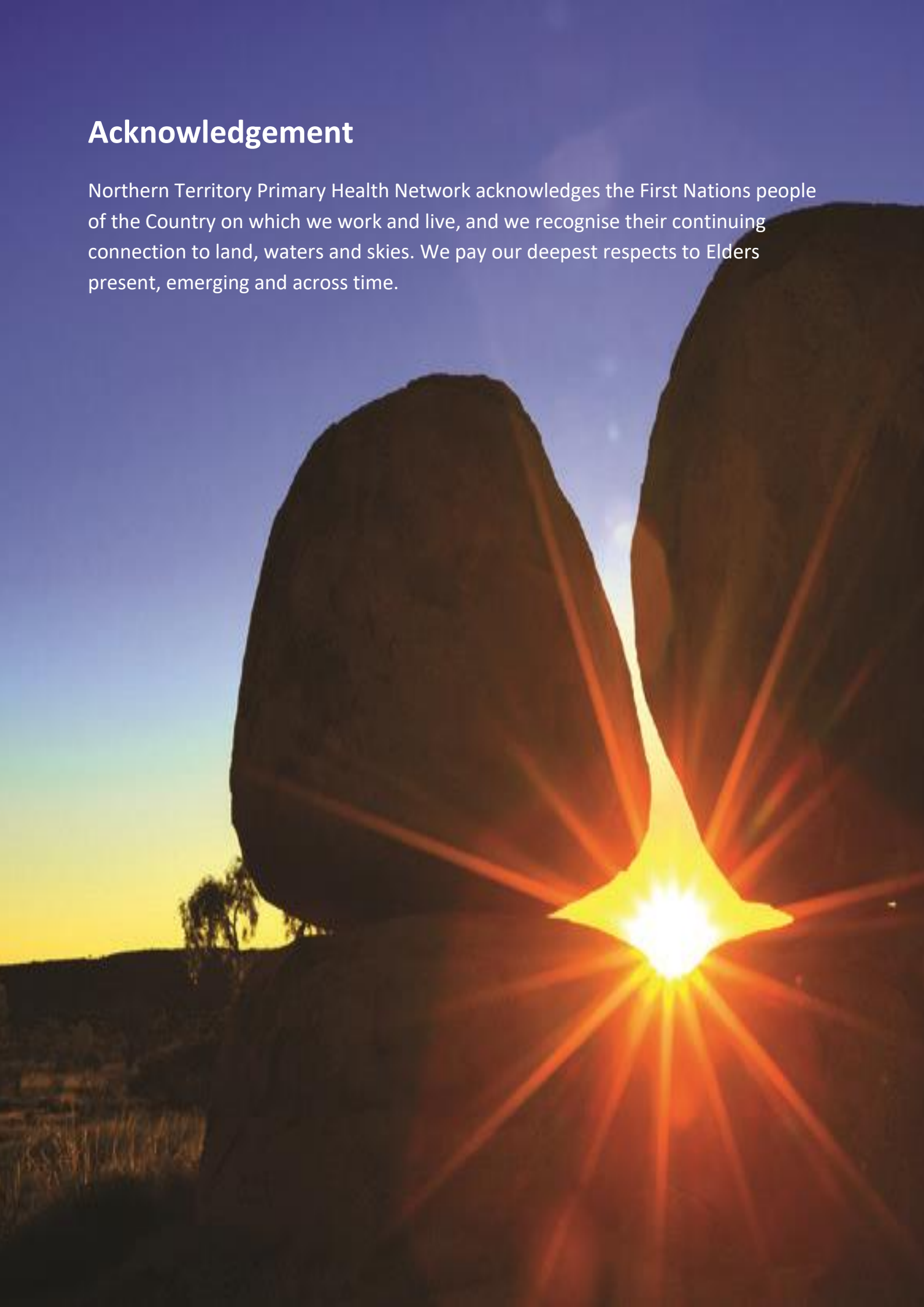
HEALTH WORKFORCE NEEDS ASSESSMENT 2024

NORTHERN TERRITORY PRIMARY HEALTH NETWORK



Acknowledgement

Northern Territory Primary Health Network acknowledges the First Nations people of the Country on which we work and live, and we recognise their continuing connection to land, waters and skies. We pay our deepest respects to Elders present, emerging and across time.



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Executive Summary

The Health Workforce Needs Assessment (HWNA) is an annual activity undertaken by the Rural Workforce Agency Northern Territory (Rural Workforce Agency NT), designed to assess the overall health workforce needs across rural and remote areas of the Northern Territory (NT). The intent of the activity is to determine and address instability, inequality and maldistribution relating to health workforce in rural and remote Australia.

The 2024 report provides an update on the current and emerging needs of the NT workforce, with a specific focus on the East Arnhem region. The scarcity of primary care workforce and services in the NT has been increasing rapidly. As a result, this report also highlights priority areas for the General Practitioner (GP), Nursing, Allied Health and Aboriginal Workforce.

The HWNA enables Rural Workforce Agency NT to ensure its programs remain evidence based. It allows for the prioritisation and coordination of activities to address and support workforce distribution or redistribution, as required and identify communities requiring ongoing support.

This year's assessment reveals that services across mental health, community-based rehabilitation, oral health, alcohol and other drugs, and health prevention and promotion have the most significant gaps in delivery. The shortage of healthcare workers is critical in the areas of nursing, midwifery, GPs, chronic disease educators, the dental workforce and Aboriginal and Torres Strait Island Health Practitioners and are identified as requiring immediate attention to address workforce gaps.

This report emphasises key factors such as health policy reform, expanding the Aboriginal and Torres Strait Islander workforce, developing on-country pathways in rural and remote areas, and improving the quality, sustainability and retention of the health workforce to improve healthcare workforce development.

Primary care workforce and service gaps continue to be seen across the NT. Although gaps in the market are consistently identified and managed proactively, retaining personnel in primary care remains a substantial obstacle due to a range of factors, including staff shortages, clinical support, accommodation and growing competition for an already limited workforce in remote communities.

This assessment examines workforce needs across a mixed methods approach, including online surveys, reviewing secondary data sources and stakeholder engagement, with a large contribution from the East Arnhem region. The survey results showed the key factors for staff departures such as burnout, a lack of work-life balance, job dissatisfaction, lack of suitable accommodation and overall well-being.

Although many of the findings presented in this report are not exclusive to the past year, they help to reiterate the ongoing and unique healthcare workforce needs experienced in rural and remote NT. It is evident that persistent communication and collaboration with key stakeholders across all levels are pivotal to highlight these needs and to advocate for change.

The report explores innovative ways to provide primary healthcare and showcases the need to improve conditions and benefits for healthcare workers that adequately support their needs and increase longevity of the workforce in the regions. The analysis of healthcare service requirements in the East Arnhem region

also emphasises several distinctive challenges and provides recommendations for potential solutions in the future that will require a multi-sector collaboration at the federal, state and local level.





Introduction

Northern Territory Primary Health Network (Northern Territory PHN), through its Rural Workforce Agency NT, supports the rural and remote workforce in the NT through the delivery of the Rural Health Workforce Support Activity (RHWSA). RHWSA aims to address health workforce maldistribution, quality and shortages in rural and remote NT.

Rural Workforce Agency NT works to improve equity and access to healthcare for rural and remote communities by:

- Improving access and continuity of access to essential primary health care
- Building local health workforce capability to ensure communities can access the right health professional at the right time, and ensuring health practitioners have the right skills and qualifications for their positions
- Growing the sustainability and supply of the health workforce to strengthen long-term access to appropriately qualified health professionals.

The information gathered supports the development and implementation of the RHWSA by identifying workforce needs in the following priority areas:

- General practitioners
- Nurses
- Allied health
- Aboriginal health workforce.

National Policy Reform

The Australian Government's Department of Health and Aged Care (DoHAC) has initiated a sweeping set of health policy reforms, starting with the release of the Primary Health Care 10-Year Plan 2022-2032. The plan sets out an agenda that is future focused, person-centred primary health care supported by funding reform, and integrated care that is delivered locally. Using the 10-Year Plan as a blueprint, the Strengthening Medicare Taskforce was convened to identify and address the most immediate initiatives. This piece of policy reform is considered pivotal to the revamping of the primary health care system. Despite the significance of the policy reforms outlined below, key aspects under consideration for the Strengthening Medicare report also include blended and flexible funding models, increasing role for PHNs, increasing role for local government, community co-design and fit-for-population solutions and slow reform implementation with change management support.

- Primary Health Care 10 Year Plan 2022-2032
- Strengthening Medicare Taskforce Report
- NHRA Mid-term Review Report
  - Scope of Practice Review
  - Distribution Levers Review
  - Thin Markets Review
  - GP Incentives Review
  - Kruk Review.

Other policy considerations

- The National Medical Workforce Strategy, which includes coverage of workforce planning involving the Commonwealth and state/territories, action on building the generalist capability of the medical workforce and the role for Rural Generalists
- The Commonwealth Stronger Rural Health Strategy
- The National Aboriginal and Torres Strait Islander Health Plan 2021-2031, focusing on preventing health issues before they occur and delivery of health care that is place based, person centred and culturally safe and responsive
- Action on digital health by the Commonwealth and through national digital health initiatives
- The Commonwealth's part in implementing the long-term health reforms Roadmap for the National Health Reform Agreement 2020-2025.

Research Methods

RWA NT conducts an annual Health Workforce Needs Assessment (HWNA), focusing on a different region each year. The 2024 HWNA focuses on the East Arnhem region, continuing our commitment to addressing the unique primary health workforce needs of the NT.

The HWNA employs a mixed methods approach:

1 Online Survey:

- Target rural and remote healthcare professionals, including GPs, rural generalists, GP registrars, allied health professionals, nursing and midwifery professionals, and the Aboriginal and Torres Strait Islander workforce
- Collate data on workforce needs and primary care service gaps.

2 Review Secondary Data Sources:

- Build on findings from previous Health Workforce Needs Assessments
- Review rural workforce strategies, frameworks and relevant policy documents
- Audit key policy documents, evaluation reports and health workforce context documents
- Conduct a desktop audit of territory and federal sector reports, reviews and policy documents
- Utilise data from RWA NT's workforce database and the National Health Workforce Data Set (NHWDS) to provide additional insights into the primary care health workforce.

3 Stakeholder Engagement:

- Conduct in-person engagement with Aboriginal Community-Controlled Health Services (ACCHS), private practices and other service providers
- Gather information through consultations with key stakeholders, communities and health professionals throughout 2024.

By employing this approach, the findings in the HWNA ensures a thorough understanding of workforce needs, primary care service gaps and contextual insights. This information will guide future interventions and strategies in primary care health workforce planning for the NT.

NT Focus

GP workforce summary

The profession faces overarching concerns related to workload, burnout and the fragmentation of care. Moreover, both medical students and working GPs are showing declining interest in the field. Workforce issues are exacerbating, with an increasing number of s expressing intentions to retire or cease practicing within the next decade. This collective set of challenges underscores the urgency of addressing the crisis in general practice and highlights the need for comprehensive and sustainable solutions across both rural and metropolitan areas.

In October 2022, the Royal Australian College of General Practitioners (RACGP) hosted the General Practice Crisis Summit with discussions focused on funding, fragmentation, GP workforce and GP data. Recommendations from the summit received support from reports by the Grattan Institute and the Australian Medical Students Association (AMSA) Roundtable, that emphasised the need for increased funding and support for primary care, improved teaching opportunities, enhanced general practice placements and addressing the stigma associated with a career in general practice.

GP workforce maldistribution persists despite this acknowledgement, particularly impacting remote and very remote communities in the NT. The broader crisis underscores the urgency of comprehensive solutions to strengthen general practice across communities.

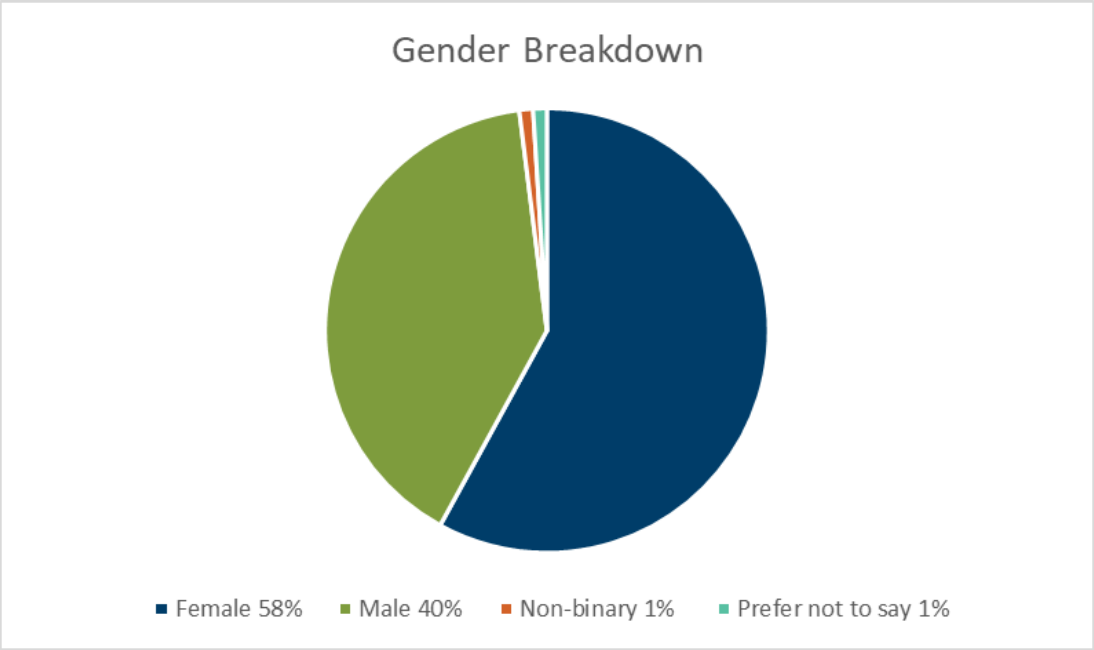
The crisis in general practice and its workforce has been worsening over the years in the NT. In 2022, the NT had the lowest preference as a future practice state, with only 1.5% of domestic students and 0.4% of international students indicating it as their top choice. Additionally, a mere 1.3% of students accepted an internship in the NT during the same year.

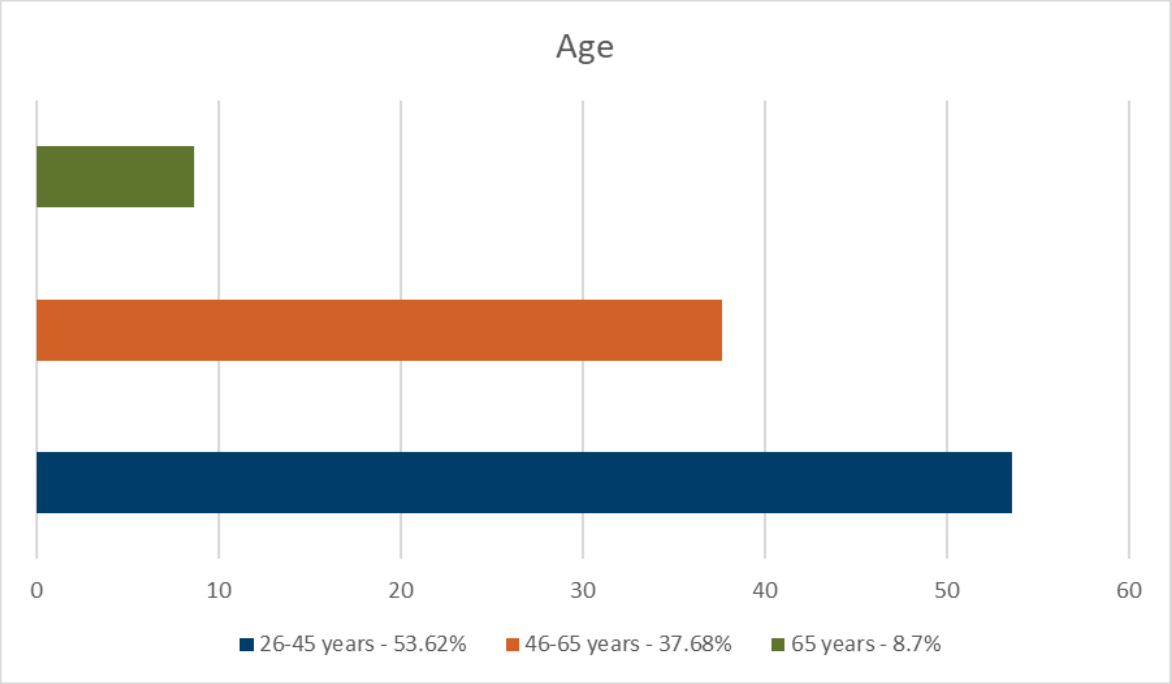
The Australian Medical Council, in collaboration with the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), has submitted a crucial proposal for the recognition of Rural Generalism as a new specialty practice field. This development was a result of a five-year joint effort and holds significant implications for healthcare in the NT. Successful recognition would strengthen the healthcare workforce, drive focused research and add additional skills and scope. This would enhance rural generalist services which is the backbone of primary healthcare in remote and very remote communities in the NT.

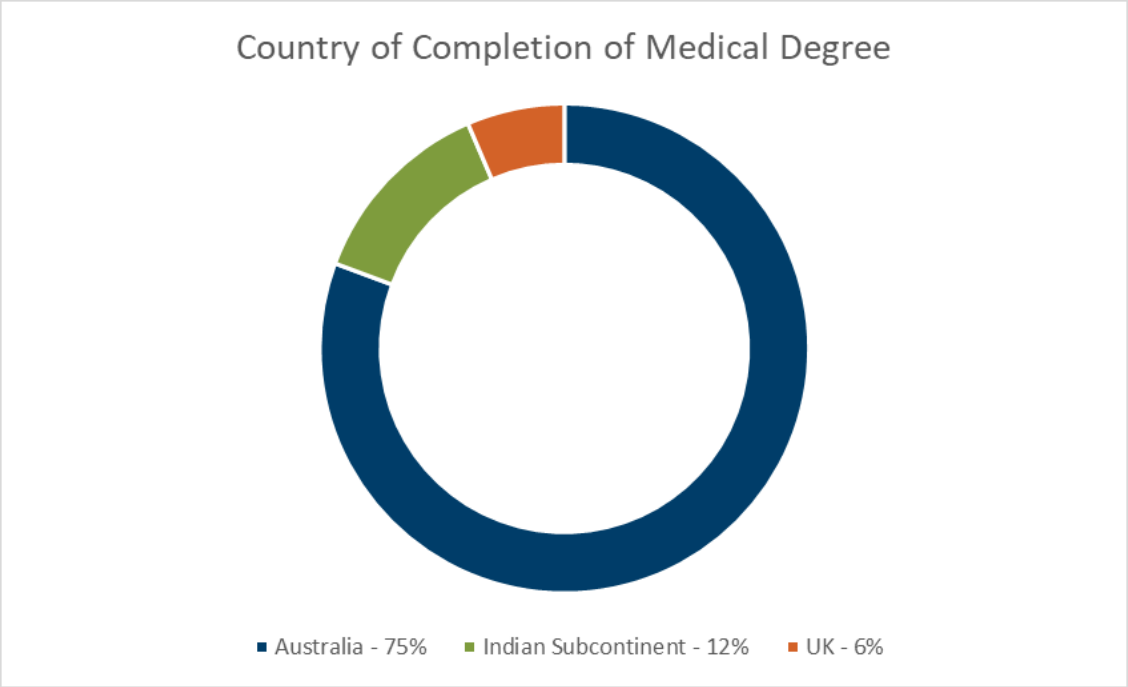
Insights from Health Workforce Needs Assessment Survey 2024

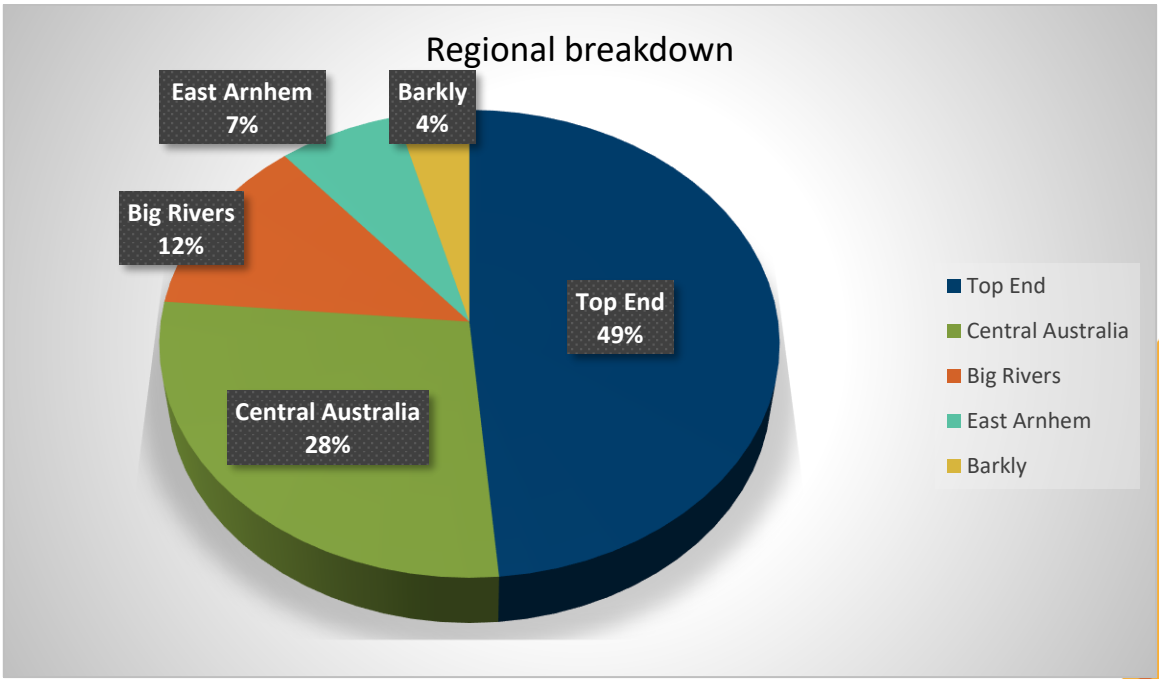
Professional Development and Demographics:

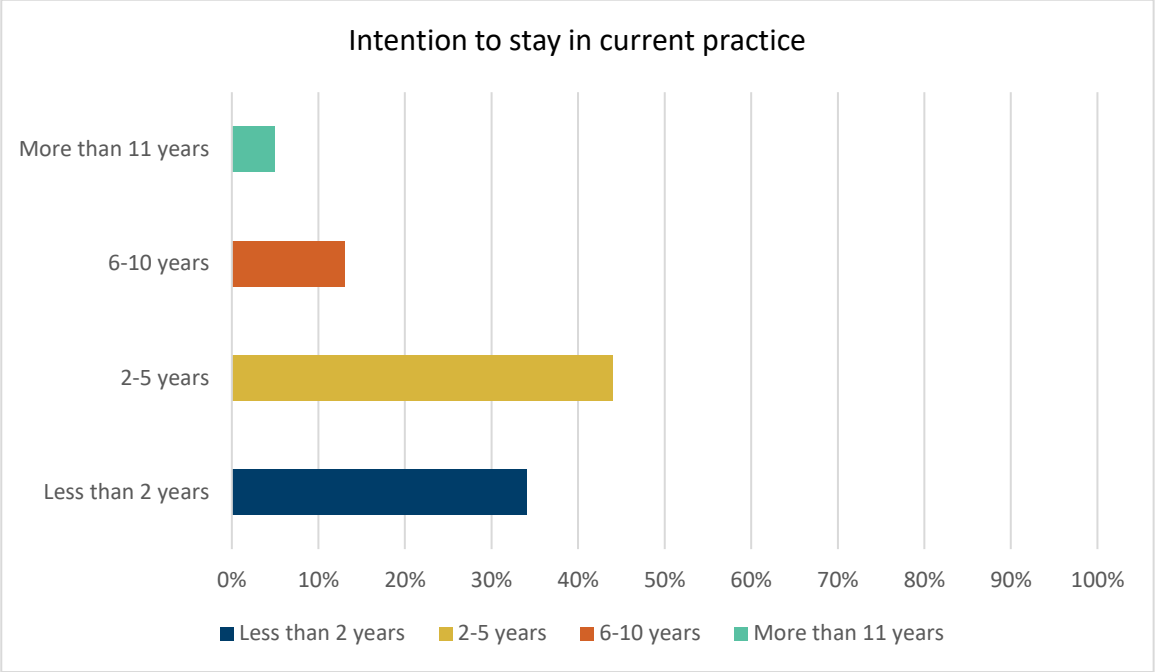
- Aboriginal and/or Torres Strait Islander: 5% identify as Aboriginal
- 72% received training for rural and remote practice
- 75% did cultural responsiveness training.


Gender Breakdown
Female 58%
Male 40%
Non-binary 1%
Prefer not to say 1%


Age
0
10
20
30
40
50
60
26-45 years - 53.62%
46-65 years - 37.68%
65 years - 8.7%


Country of Completion of Medical Degree
Australia - 75%
Indian Subcontinent - 12%
UK - 6%


Regional breakdown
East Arnhem 7%
Barkly 4%
Big Rivers 12%
Top End 49%
Central Australia 28%
Top End
Central Australia
Big Rivers
East Arnhem
Barkly



Specific areas of knowledge or skills for current responsibilities

- Clinical skills development: strong emphasis on emergency medicine, procedural sedation, ultrasound training, and acute care skills
- Mental health training: requests for basic interventions, neurodiversity training and acute mental health skills
- Cultural responsiveness enhancement: need for Indigenous language learning, cultural awareness and community engagement
- Administrative improvement: focus on financial management and efficient administrative processes
- Community health: understanding community needs, maximising service utilisation and public health initiatives.

Emerging healthcare challenges and support

- Clinical skills: particularly in emergency medicine, mental health and paediatrics
- Administrative and management training: streamlining administrative processes, medical law and general management skills
- Mental health training: including Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT) and lifestyle medicine with a focus on Aboriginal and Torres Strait Island populations.
- Remote and rural medicine support: incentives for remote work, training in rural emergency skills, and point-of-care ultrasound
- Professional development opportunities: Continuing professional development (CPD) allowances, access to support networks, mentorship and relevant courses.

Wellbeing, Satisfaction and Integration

What GPs like most about their work:

- Variety of work
- Team and colleagues
- Continuity of care
- Holistic care.

What GPs like least about their work:

- Staffing issues
- Remoteness and accessibility
- Long hours and on-call work
- Paperwork and administrative burden.

Priorities for personal life when choosing work:

- Digital access (internet/connectivity)
- Childcare
- Partners' employment
- Further education for yourself
- School
- Community belonging (with respect to your practice & Aboriginal communities)
- Recreation.

Feedback from survey

"Safety is another important issue. Support I get from PHN when things are not so smooth."

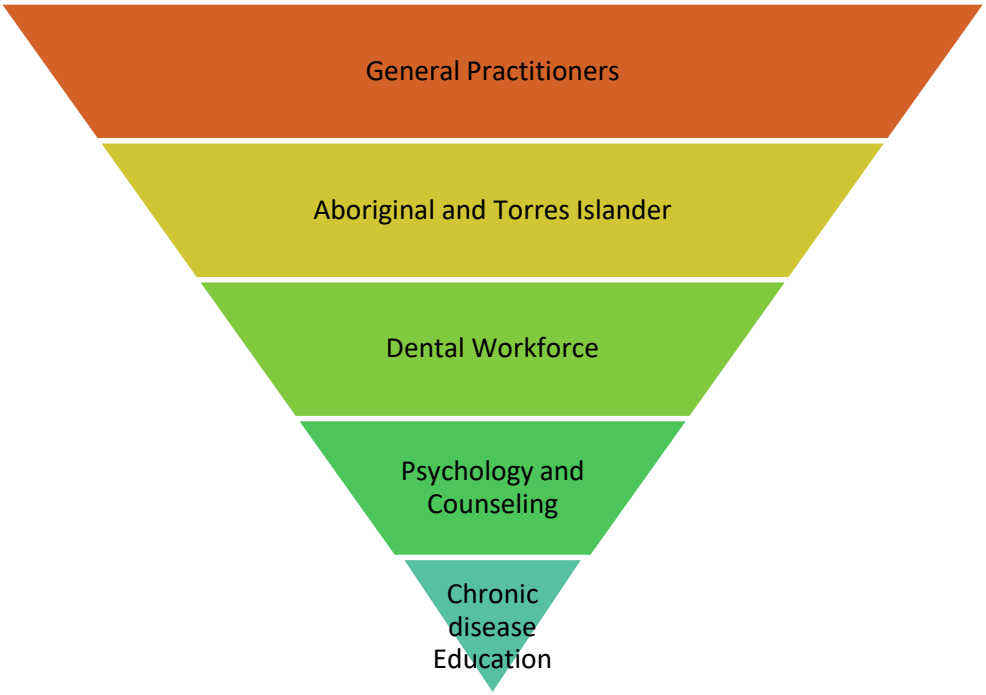
"Being a part of a supportive community makes interstate moves more achievable."

"Even though I have to travel a long way to my practice, but I think it's worth - being at the best place u love to work and you are comfortable."

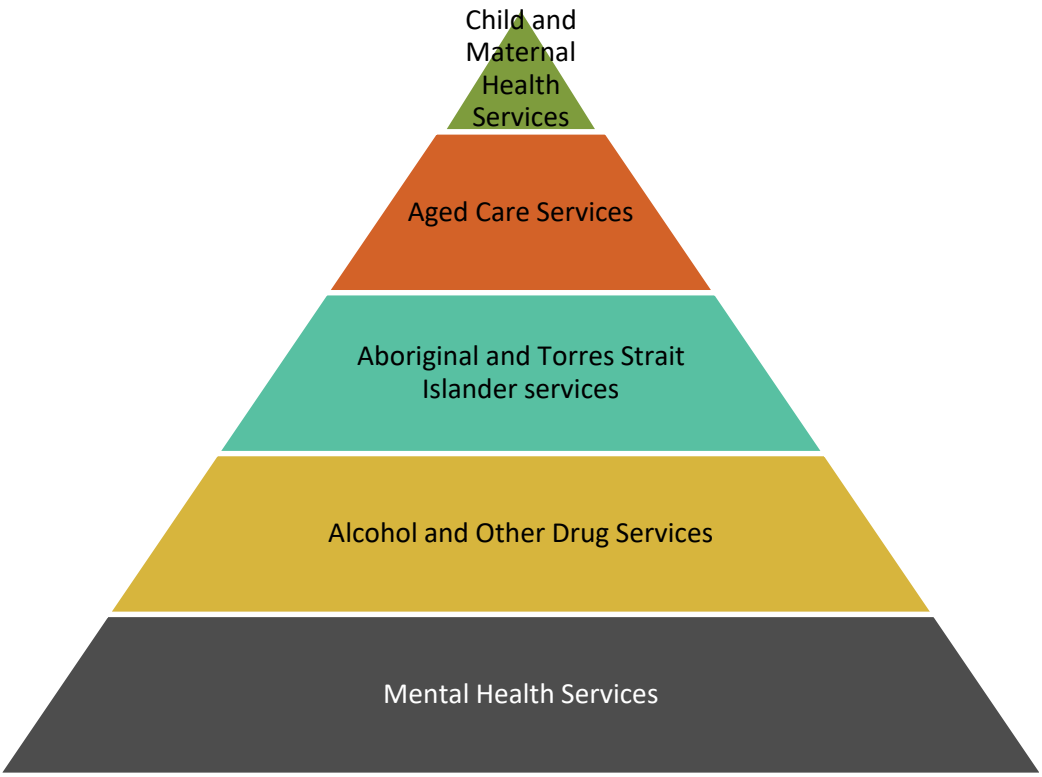
Service Gaps, Departures and Retention:

- Burnout: 55% high to very high

Primary Care workforce gaps:



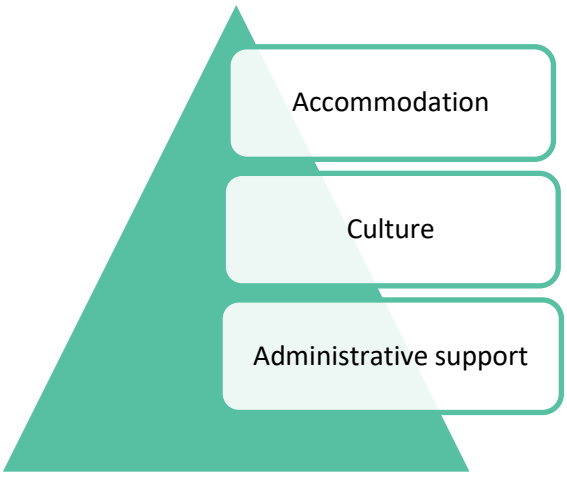
Service gaps:



Top individual factors for departures



Top workplace factors for departures



GP Incentive programs administered by Rural Workforce Agency NT

Pre-Fellowship program - aims to support overseas trained Doctors and Foreign Graduates of an Accredited Medical School (IMGs) who are temporary or permanent residents of Australia, and other non-vocationally recognised doctors, to gain valuable experience prior to joining a general practitioner (GP) College-led Fellowship pathway with either ACRRM or the RACGP.

Five Year Overseas Trained Doctors Scheme - offers incentives to IMGs and foreign graduates of an accredited medical school (FGAMS) who are subject to the section 19AB of the *Health Insurance Act 1973* (the Act) and required to work in areas of greatest need. Incentives include, providing valuable general practice experience in a rural setting, reducing the time they must work in a Distribution Priority Area (DPA) under their 10-year moratorium.

More Doctors for Rural Australia Program (MDRAP) (now obsolete, replaced by Pre-Fellowship Program) - MDRAP provided support and training towards joining a college fellowship for doctors who were temporary or permanent residents of Australia and not vocationally recognised.

Allied Health Workforce Summary

After nursing and midwifery, allied health professionals constitute the second-largest clinical workforce in Australia. While there is a substantial need to expand the allied health workforce in the NT, recruiting for many allied health placements poses a challenge. The objective of the HWNA 2024 survey was to explore the motivations and drivers for choosing a career in the NT, along with identifying sources of influence and barriers.

In August 2024, the Menzies Institute released research related to 'Patterns of health workforce turnover in Aboriginal Community Controlled Health Services in remote communities of the Northern Territory and Western Australia.' The research undertaken between 2017 and 2019 (three years inclusive) used payroll data fees from 22 regional and remote PHC clinics, managed by 11 overarching ACCHSs, where primary outcome measures included annual turnover (staffing) and 12-month stability rates. Outputs were calculated at both a clinic and organisational level.

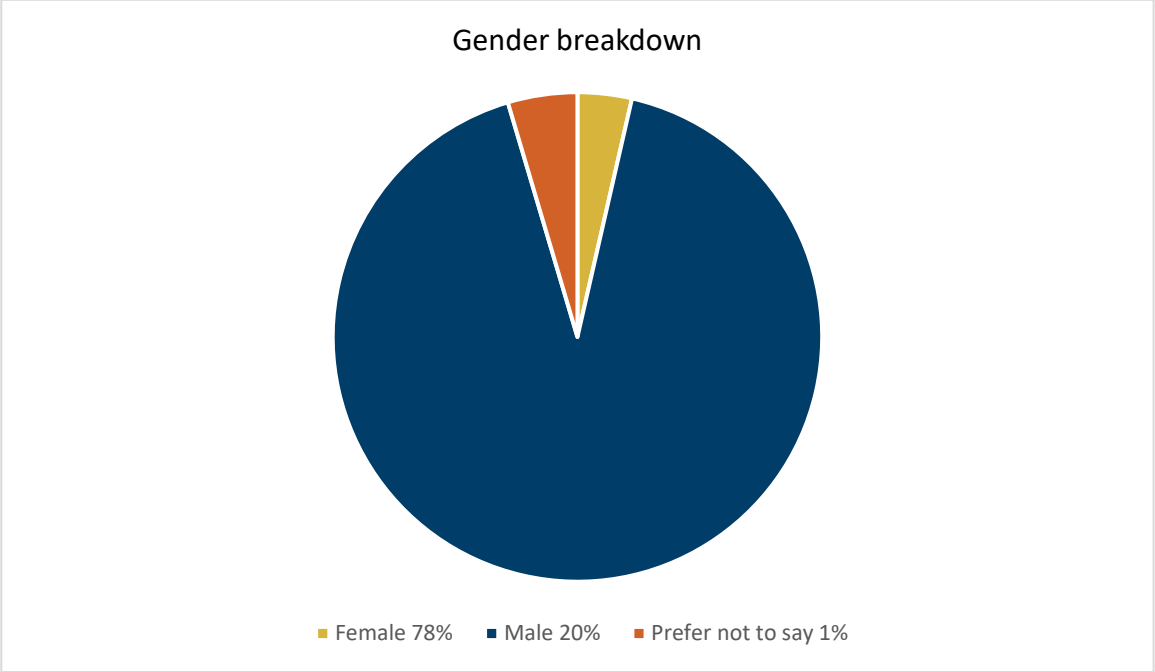
Results of the research found that mean annual turnover rates for staff was very high with 151% turnover at the clinic level and 81% at the organisation level. When isolated, turnover rates for client facing staff were 164% and 75%, and 120% and 98% for non-client facing staff, at the clinic and organisational levels respectively. Clinic level turnover rates identified 162% for non-Aboriginal staff, and 81% for Aboriginal staff.

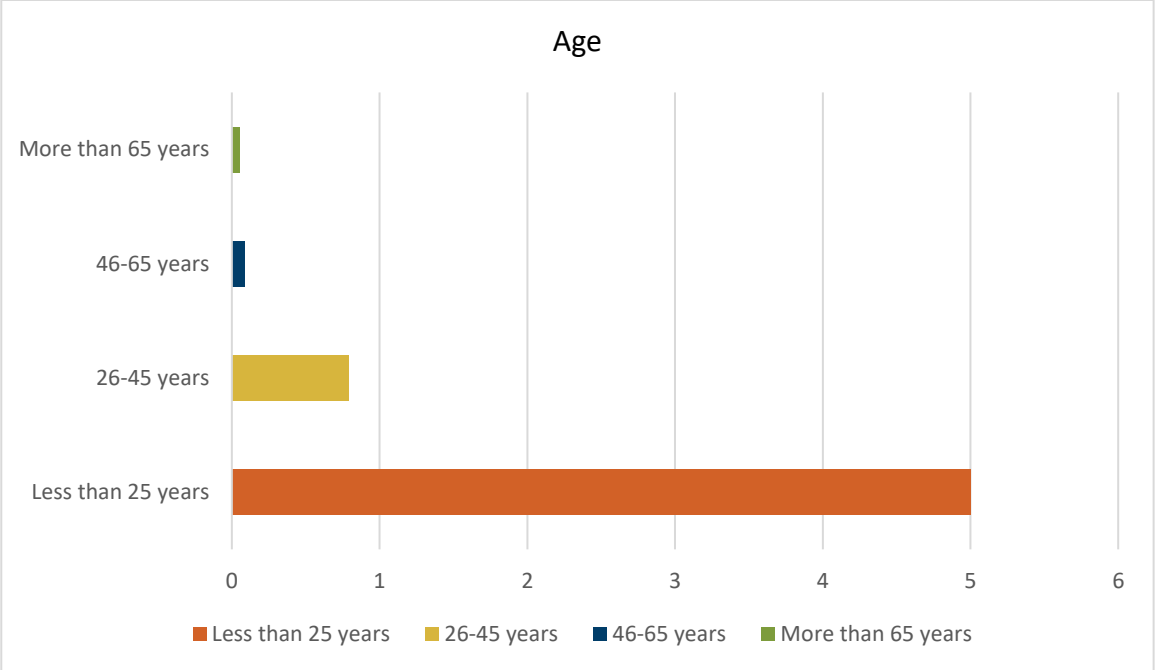
Outcomes of the research clearly define a very high turnover and low retention ability of healthcare staff. Turnover increased as the distance of a service to a regional centre became larger, although remained lower for Aboriginal staff, suggesting that increased or enhanced employment of Aboriginal staff could help to stabilise staffing.

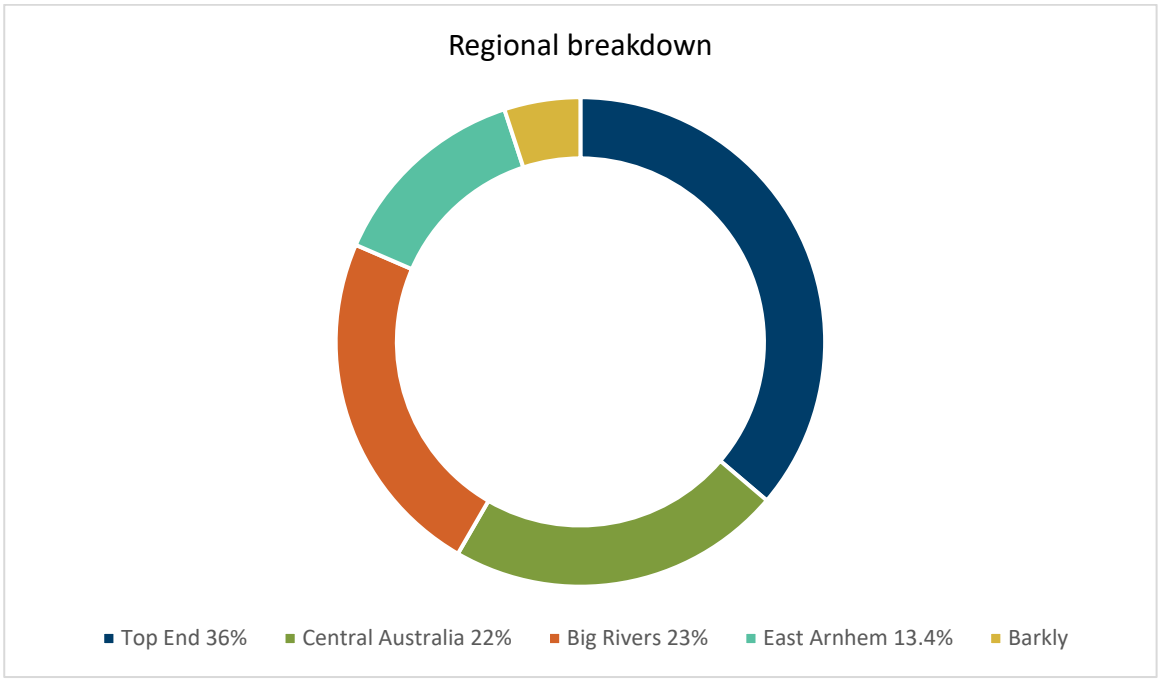
Insights from the HWNA Survey 2024:

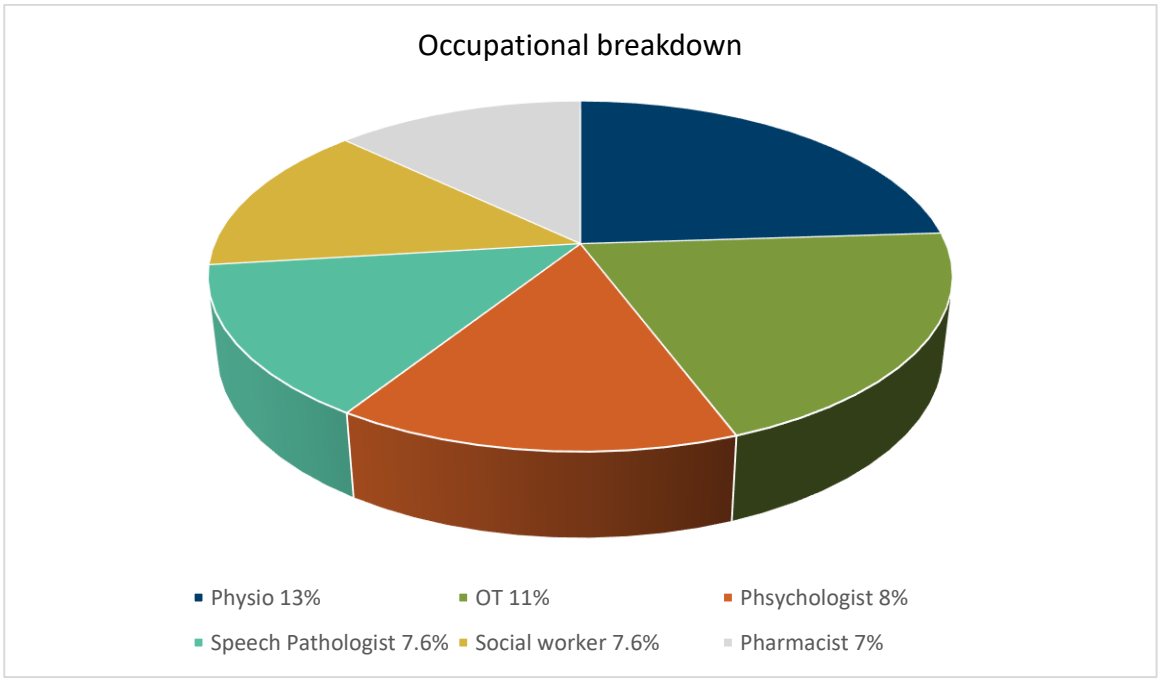
Professional development and demographics:

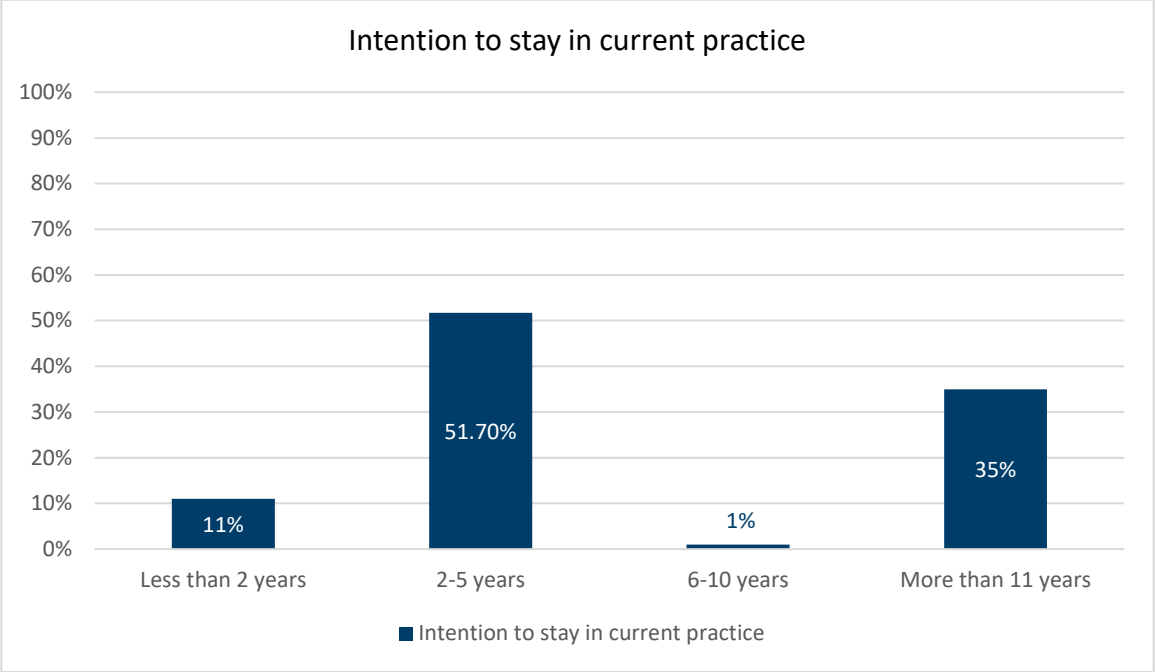
- ATSI: 5.7% identify as Aboriginal
- 73% work in a group setting
- 45% received training for rural and remote practice
- 76% did cultural responsiveness training.


Gender breakdown
Female 78%
Male 20%
Prefer not to say 1%


Age
More than 65 years
46-65 years
26-45 years
Less than 25 years
0
1
2
3
4
5
6
Less than 25 years
26-45 years
46-65 years
More than 65 years


Regional breakdown
Top End 36%
Central Australia 22%
Big Rivers 23%
East Arnhem 13.4%
Barkly


Occupational breakdown
Physio 13%
OT 11%
Phsychologist 8%
Speech Pathologist 7.6%
Social worker 7.6%
Pharmacist 7%



Specific areas of knowledge or skills for current responsibilities:

- Cultural Responsiveness and Trauma-Informed Care: emphasise understanding Indigenous languages, traditional healing, and community needs, while also developing skills for trauma-informed care.
- Management: prioritise continuous education, higher qualifications, and management skills for effective leadership in healthcare.
- Remote and Indigenous Healthcare: specialise in addressing unique challenges, including chronic health issues, infections, and culturally sensitive interventions in remote and Indigenous settings.
- Effective Communication and Networking: strengthen communication skills, including language proficiency and patient communication, while fostering collaboration for multidisciplinary healthcare approaches.
- Specific Therapeutic Modalities and Occupational Health: explore tailored, alongside prioritising occupational health and safety through basic checks and emergency response.

Emerging healthcare challenges and support

- Training in Specialised Healthcare Areas: demand for training in SEWB (Social and Emotional Wellbeing) models of trauma, new advances in cognitive rehab therapies, and highly specific areas like infant feeding, oral motor skill development and respiration.
- Collaborative and Multidisciplinary Approaches: recognition of the need for improved collaboration and multidisciplinary approaches, especially in chronic disease management and the development of Aboriginal staff.
- Professional Development and Higher Education: desire for financial assistance and incentives for further education, including master's or doctorate programs. Recognition of the need for ongoing professional development.

- Cultural Responsiveness and Community Engagement: emphasis on local cultural awareness, networking, staff retention, and management training. Support for clinicians working within Aboriginal health services to influence systemic change.
- Prevention and Scope of Practice Expansion: training in prevention of conditions, scope of practice expansion, and dealing with emerging health crises amid decreasing staff levels.

Wellbeing, Satisfaction and Integration

What AHP's like most about their work:

- Variety of work
- Community Engagement and empowerment
- Autonomy and flexibility
- Opportunity for learning and professional development through collaborative team

Feedback from survey

"All decisions are made by Aboriginal Board of Directors, it is focused on prevention, we are supported and encouraged to advocate for change which you can't do in Government positions, there is a lot of accountability, and we can track our success."

"Rarely do I have a day that's the same as yesterday, although my days always involve person-centred care, which covers patients, families and staff. So, my skillset and abilities to be present and in most circumstances it's because of trauma, health diagnosis/outcomes, isolation sickness, end of life or mental health - I know that I can and do make a difference."

What AHP's like least about their work:

- Staffing issues
- Challenges with communication
- Workload and burnout
- Recognition and support
- Financial compensation and lack of housing.

Priorities for personal life when choosing work:

- Work life balance
- Cultural connection
- Digital access
- Financial consideration
- Further education and professional growth
- Community and recreation.

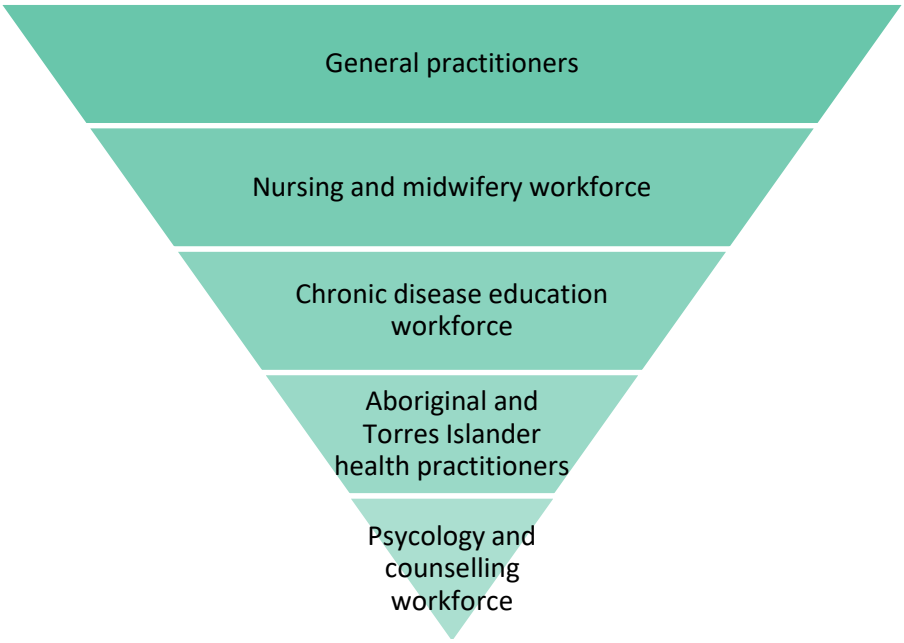
Feedback from survey

"Work life balance is required for longevity!"

Service Gaps, Departures and Retention:

- 37% high to very high burnout

Primary Care workforce gaps:



Service Gaps:

- Mental Health Services: 116 mentions - the lack of mental health and disability services, placing a substantial burden on communities and health services. Long waitlists for rehabilitation services further exacerbate the issue
- Aboriginal and Torres Strait Islander Services: 115 mentions
- Health Prevention and Promotion Services: 115 mentions - the observation is made that health prevention efforts in the NT are predominantly focused on education rather than creating supportive environments. There is a call for increased funding to support initiatives that go beyond education to address environmental factors
- Child and Maternal Health Services: 114 mentions
- Disability Services: 113 mentions.

Top 4 individual factors for departures



Top 5 workplace factors for departures



Aboriginal and Torres Strait Islander Workforce Summary

Recruitment and retention challenges for rural health professionals significantly affect Aboriginal and Torres Strait Islander communities in the NT. The role of Aboriginal and Torres Strait Islanders in healthcare is vital for enhancing the quality of care and cultural safety. It is crucial to increase support for professional development and offer flexible career advancement for Aboriginal and Torres Strait Islander health professionals within primary care to address these issues.

Our goal at Rural Workforce Agency NT is to enhance our 'Grow Your Own' strategy, recognising that individuals from the NT are more likely to stay and work here. In the past, Rural Workforce Agency NT ran programs like the High School to Health Careers Program, this allowed health students to visit remote communities and gain a deeper understanding of the NT. As part of this initiative, health students also engaged with high school students to promote careers in health.

Currently, we are consulting with education providers, service providers, and other workforce agencies to review our programs and develop new initiatives for planning and building the future health workforce. At this stage, we plan to test these ideas by creating an NT Future Workforce Advisory Group and launching an online platform to connect high school students with health professionals and education providers.

Aboriginal and Torres Strait Islander representation in the health workforce remains insufficient. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 highlights a renewed commitment to building Australia's First Nations health workforce. The 2023-24 Federal Budget delivered $4.7 million over five years for the NT Medical Program to increase the numbers of Aboriginal and Torres Strait Islander medical practitioners.

The 2024-25 budget allocated $4 million over four years to the Australian Indigenous Doctors' Association. This funding is intended to support First Nations doctors to become medical specialists. Other important national budget allocations include $12.8 million in suicide prevention, $10 million for mental health support and $11.1 million to expand coverage of the Closing the Gap Pharmaceutical Benefits Scheme. Additionally, $94.9 million has been allocated to combat communicable diseases in communities and $12.5 million to facilitate community-led distribution of menstrual products in regional and remote Aboriginal and Torres Strait Islander communities.

In the NT, $193.8 million has been allocated to deliver culturally appropriate primary health care services. However, this funding is not committed to ACCHSs and may represent a redirection of existing funding. Despite the importance of these budgetary measure, none of the Closing the Gap outcomes that are health related are on track. The National Aboriginal Community Controlled Health Organisation's (NACCHO) budget response called for structural reform and longer-term commitment.

A holistic approach is required to address the issue of an Aboriginal and Torres Strait Islander health workforce, incorporating place-based workforce planning to identify community needs. Collaboration among organisations at national, state and local levels is essential for effective solutions. For meaningful progress, there must be systemic changes, empowering communities on the ground and placing individuals at the core of healthcare. A coordinated effort across various government portfolios including housing,

justice, child safety and Indigenous affairs is crucial. Health equity extends beyond the health department, necessitating pooled funds and collaboration to address broader social determinants.

The On-Country Training Scoping report provided an initial focus on support for on-country learning or training leading to career pathways in the remote Aboriginal and Torres Strait Islander communities of the NT for people wanting to enter the health workforce. The report was developed by Northern Territory PHN's Aboriginal Health Workforce Lead in collaboration with the remote Aboriginal and Torres Strait Islander communities of the NT, service providers, NT government departments, trainers, education institutions etc. The information gathered related to the common challenges, gaps and barriers as well as a type of innovative community place-based model that considered many of these gaps and barriers. The report also suggested several recommendations and strategies which aimed to ensure a holistic wrap around supportive learning environment for participants living in remote communities to enable training or learning on country. It aimed to forge partnerships with Registered Training Organisations (RTOs) to deliver primary health care qualifications on country, leading to meaningful employment as well as suggesting other relevant supports through a coordinated approach involving many agencies.

The Cultural Support Pilot Program aimed to increase the participants' connection and cultural knowledge in the remote Aboriginal and Torres Strait Islander communities of the NT. The program increases and encourages positive connections between health professionals and the respective community by providing culturally appropriate and safe supports to further improve a health professional's ability to provide quality care to Aboriginal and Torres Strait Islander people. This seeks to assist and support clinicians to stay in their roles for longer periods of time.

Nursing & Midwifery

Primary care nursing and midwifery workforce in the NT experiences persistent shortages, especially in remote and rural areas. These regions grapple with elevated rates of workforce turnover, necessitating strategic measures to address these issues. Nurses and midwives working in remote and rural locations require specific skill sets tailored to meet the unique needs of the communities they serve.

Given the diverse array of community primary care settings in which these healthcare professionals operate, it is imperative to consider factors such as skill mix, scope of practice, and training and supervision requirements. Nurses and midwives play a pivotal role as frontline support in fostering the health and resilience of the NT's remote and rural communities. Embedded within these communities, these professionals actively promote public health, execute disease prevention strategies, and empower individuals and families to enhance their health outcomes.

Since 2020, Central Australian Aboriginal Congress (CAAC) has designed, developed and implemented a two-year graduate nurse program for early career nurses. The program is funded by Northern Territory PHN and offers participants a structured career pathway into primary healthcare at an Aboriginal Community Controlled Health Service. Participants gain experience delivering culturally responsive care to Aboriginal and Torres Strait Islander communities. This also provides an opportunity to undertake an acute care placement at Alice Springs Hospital and specialise in an area of their interest including chronic disease, men's health, women's health, child health and remote health. CAAC have collaborated with internal and

external stakeholders including NT Health, universities and micro credential providers to create a tailored curriculum and provide mentorship to deliver a context-appropriate education model.

Research shows that nurse practitioners, along with nurses and midwives using their full range of skills, not only provide excellent healthcare but also make it easier for people to access, find and choose their healthcare providers. This way of working together helps avoid repeating tests or treatments, keeps healthcare organised, saves money, and ensures quicker diagnoses and treatments. The nurse practitioner's core role is delineated by three key components, dynamic practice, professional efficacy and clinical leadership. The dynamic nature of nurse practitioner practice involves the application of advanced clinical knowledge and skills across a broad spectrum of contexts, ensuring a comprehensive and adaptable healthcare delivery.

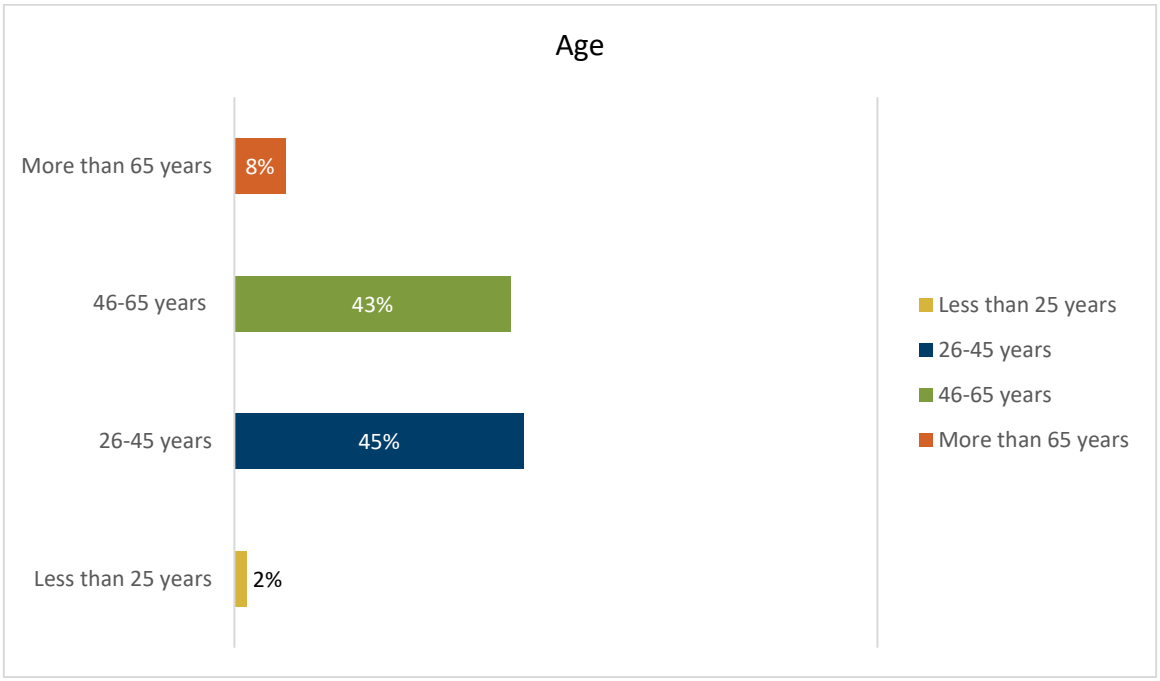
Work environments should foster nurses' and midwives' utilisation of their full scope of practice, combined with ensuring adequate staffing levels and a suitable mix of skills. This approach serves to enhance job satisfaction and better align with the requirements of community care.

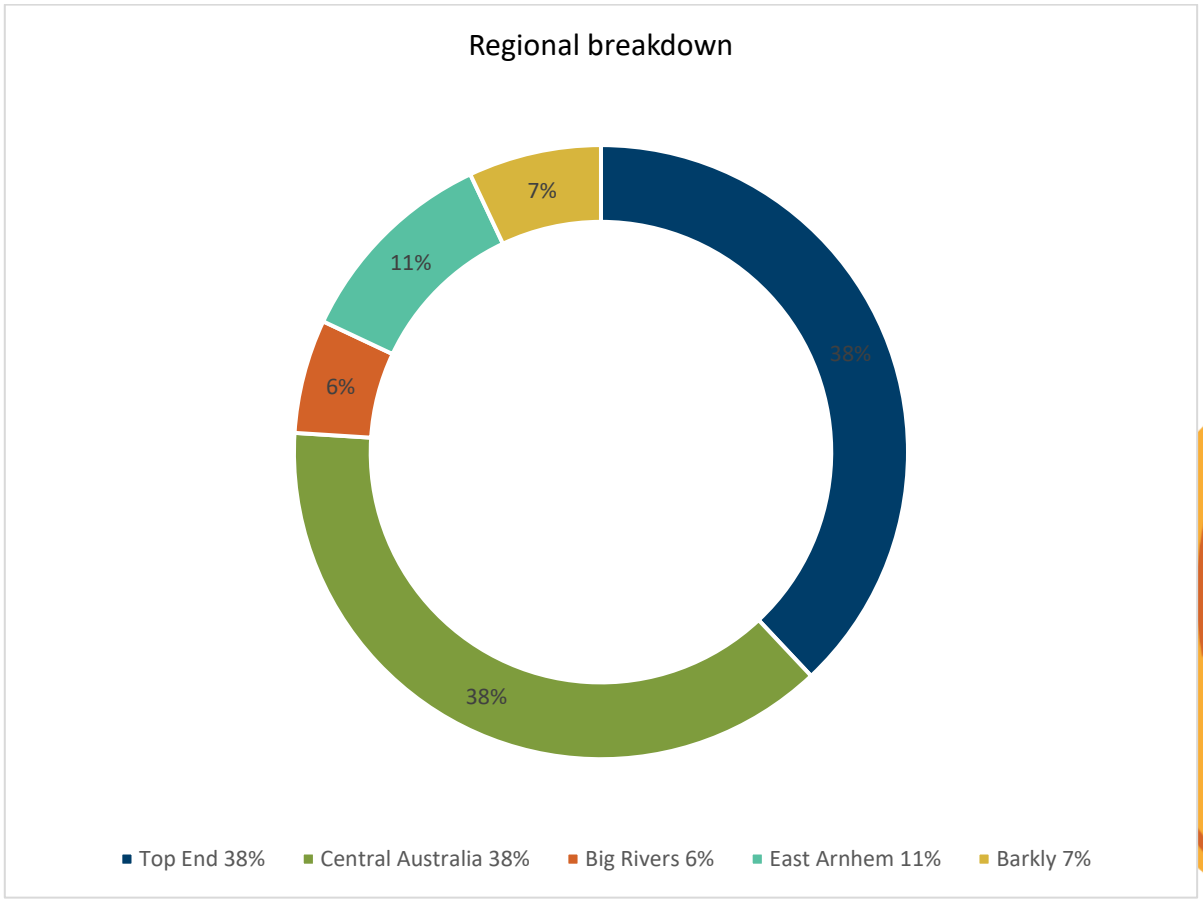
Ensuring personal safety and security is a significant concern for remote nursing and midwifery professionals, particularly in situations where they may work alone. Additional challenges encompass geographical, social, and professional isolation, along with difficulties in providing services to communities with complex health needs, often within cross-cultural settings.

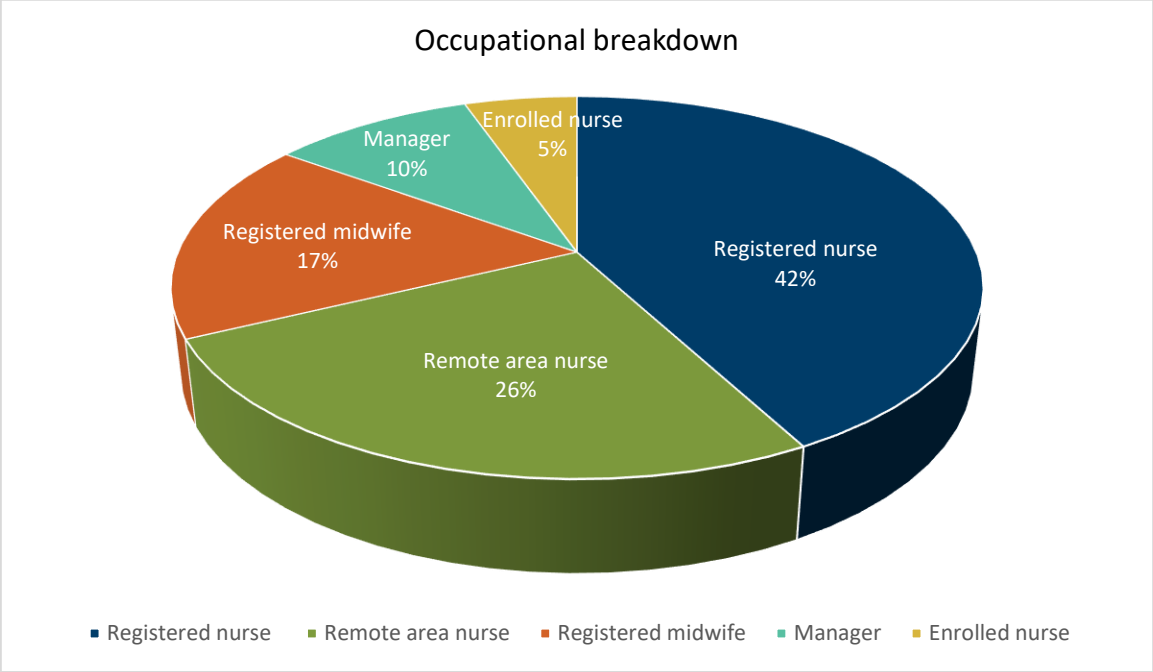
Insights from the HWNA Survey 2024:

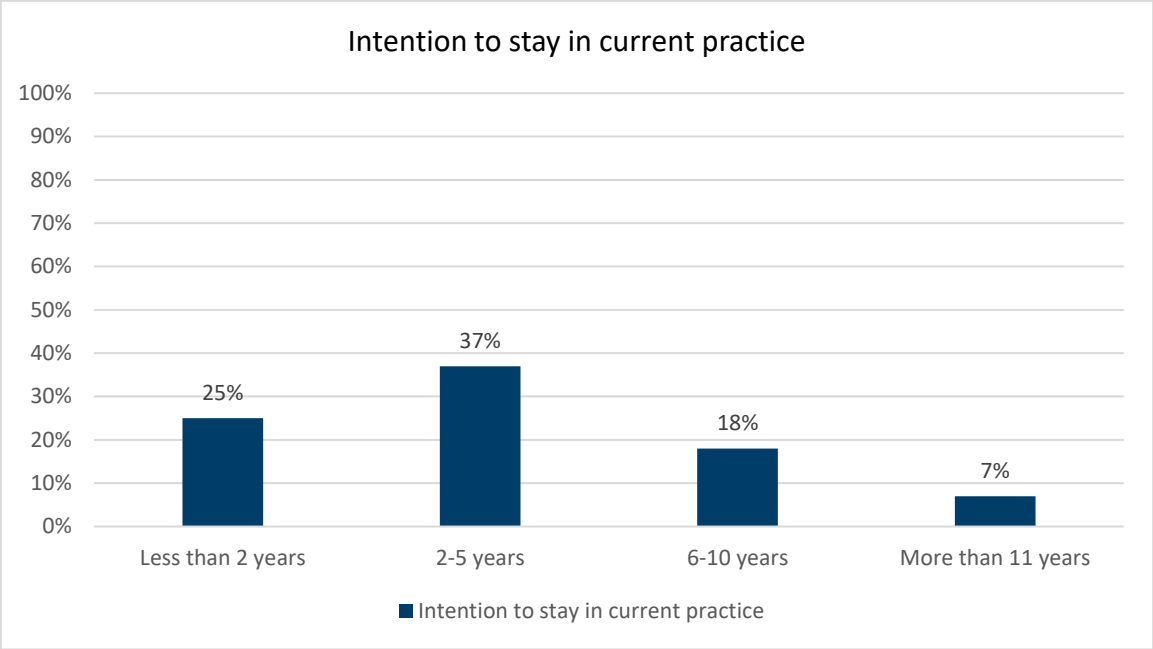
Professional development and demographics:

- ATSI: 4% identify as Aboriginal
- 88 % work in a group setting
- 63% received training for rural and remote practice
- 63% did cultural responsiveness training.


Age
More than 65 years
8%
46-65 years
43%
26-45 years
45%
Less than 25 years
2%
Less than 25 years
26-45 years
46-65 years
More than 65 years


Regional breakdown
7%
11%
38%
6%
38%
Top End 38%
Central Australia 38%
Big Rivers 6%
East Arnhem 11%
Barkly 7%





Specific areas of knowledge or skills for current responsibilities:

- Maternal and Child Health: enhance expertise in maternal and child health, including midwifery, child health development, modules addressing alcohol and other drug issues, and community-based midwifery
- Chronic Disease Management and Care Planning: develop comprehensive skills in chronic disease care planning and management for patients with long-term health conditions

- Mental Health and Substance Abuse Support: expand knowledge and skills in mental health, substance abuse, and community-based mental health support for holistic patient care
- Management, Leadership, and Professional Growth: pursue leadership and management training to effectively lead teams, manage human resources, support professional development and invest in postgraduate study for ongoing growth
- Cultural Responsiveness, Inclusivity, and Community Engagement: cultivate cultural awareness, language skills, and understanding of neurodiversity to improve communication and create inclusive healthcare environments. Provide greater educational support in remote communities and gain an in-depth understanding of Aboriginal and Torres Strait Islander cultures and language groups to better engage with communities.

Emerging healthcare challenges and support

- Workload Management and Employee Retention: to better manage workload, professionals seek additional staffing and support. Furthermore, there is a recognition of the importance of improved employee support programs to enhance retention within the workforce
- Mental Health Training and Program Delivery: the demands for training on mental health issues is coupled with the importance of program delivery and increased engagement with acute chronic mental health services
- Support and Training Facilities: professionals anticipate a need for enhanced educational support in emerging telehealth practices. They also highlight the importance of improved workplace facilities, including dual screens and printers.

Wellbeing, Satisfaction and Integration

What nurses like most about their work:

- Cultural Sensitivity and Engagement
- Diverse and Challenging Work Environment
- Building Professional Relationships
- Community Collaboration and Capacity Building.

Feedback from survey

"Engaging with clients in a culturally appropriate and safe way. Supporting them to receive and understand healthcare."

"In remote locations, I may be required to deal with a variety of medical conditions, from first aid and emergencies to chronic disease management. This diversity can make for challenging and exciting work."

What nurses like least about their work:

- Bureaucracy and red tape
- Staffing issues

- Time and workload
- Remote area challenges

Priorities for personal life when choosing work:

- Housing and Social infrastructure
- Safety
- Family priorities – childcare and education
- Flexible work
- Financial renumeration

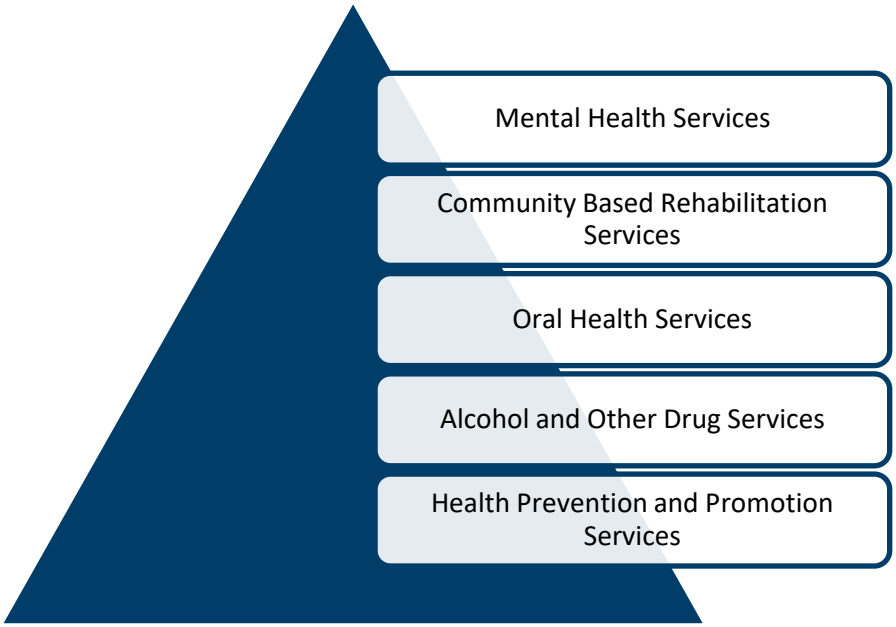
Service Gaps, Departures and Retention*:*

28% high to very high burnout

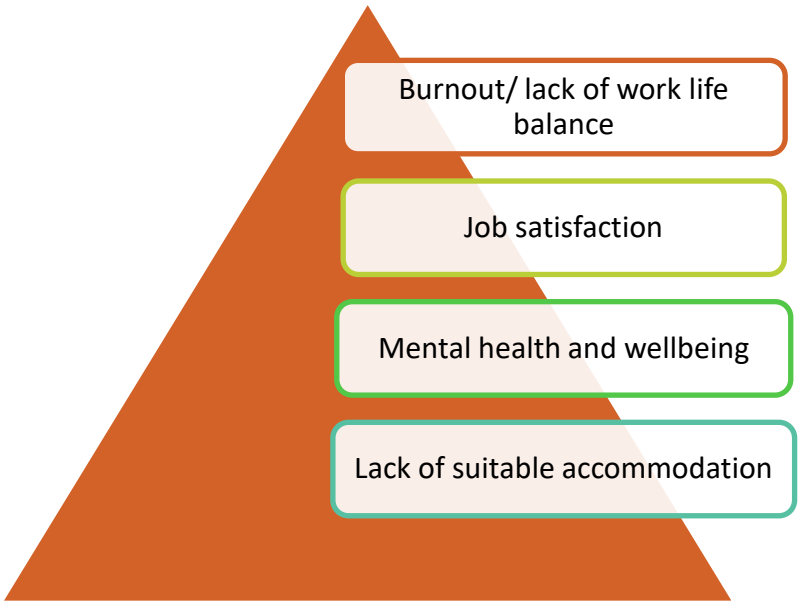
Primary Care workforce Gaps:



Service Gaps:



Top individual factors for departures:



Top workplace factors for departures:



East Arnhem Focus

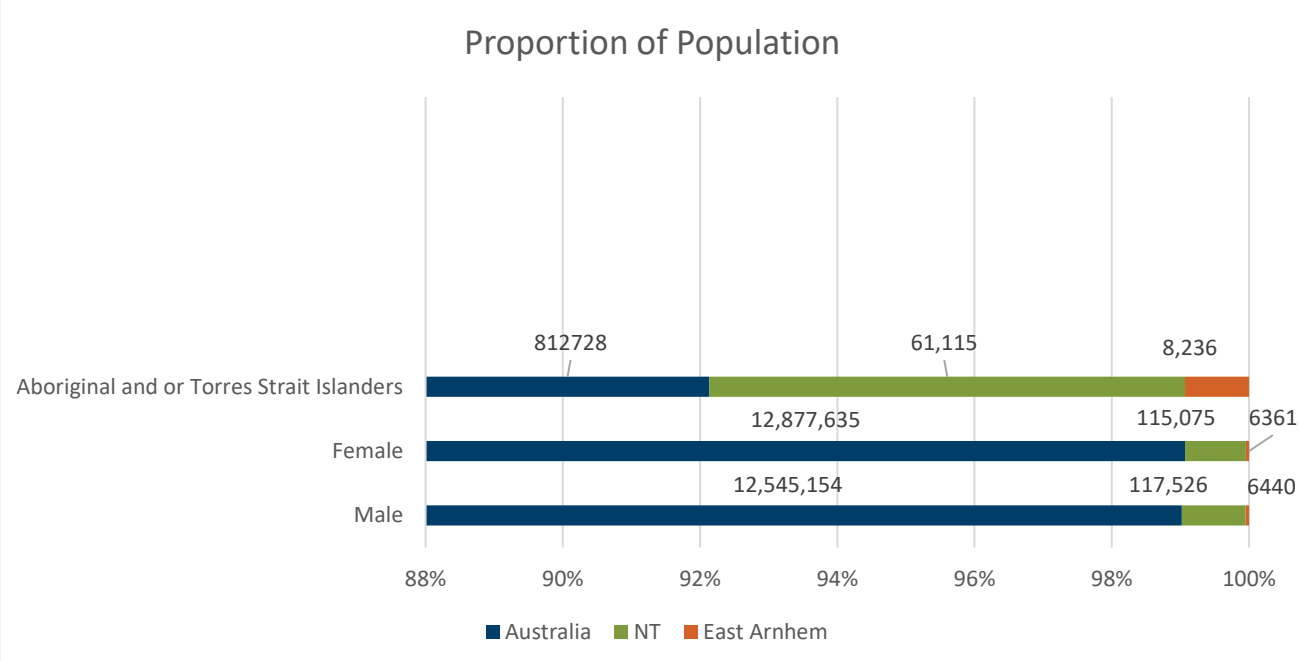
Strengths, Needs and Opportunities - analysis from consultations

About East Arnhem

East Arnhem is located on the north-east corner of the Territory, incorporating Groote Eylandt and Elcho Island. East Arnhem is approximately 1,000 kilometres from Darwin, with a population of over 12,800. Covering nearly 33,606 km of land, there are more than 100 homelands throughout the East Arnhem region, with populations ranging from 10 to 200 people. The Aboriginal population of East Arnhem has the highest proportion of children, young people and children under the age of 25. The Aboriginal people, the Yolngu, of East Arnhem Land have lived in the region for over 50,000 years. All the land in East Arnhem is held as inalienable freehold title by the Arnhem Land Aboriginal Lands Trust established under the *Commonwealth's Aboriginal Land Rights Act (Northern Territory) 1976*. There are many dialects of the leading language group, Yolngu Matha, spoken. English is often the third or fourth language.

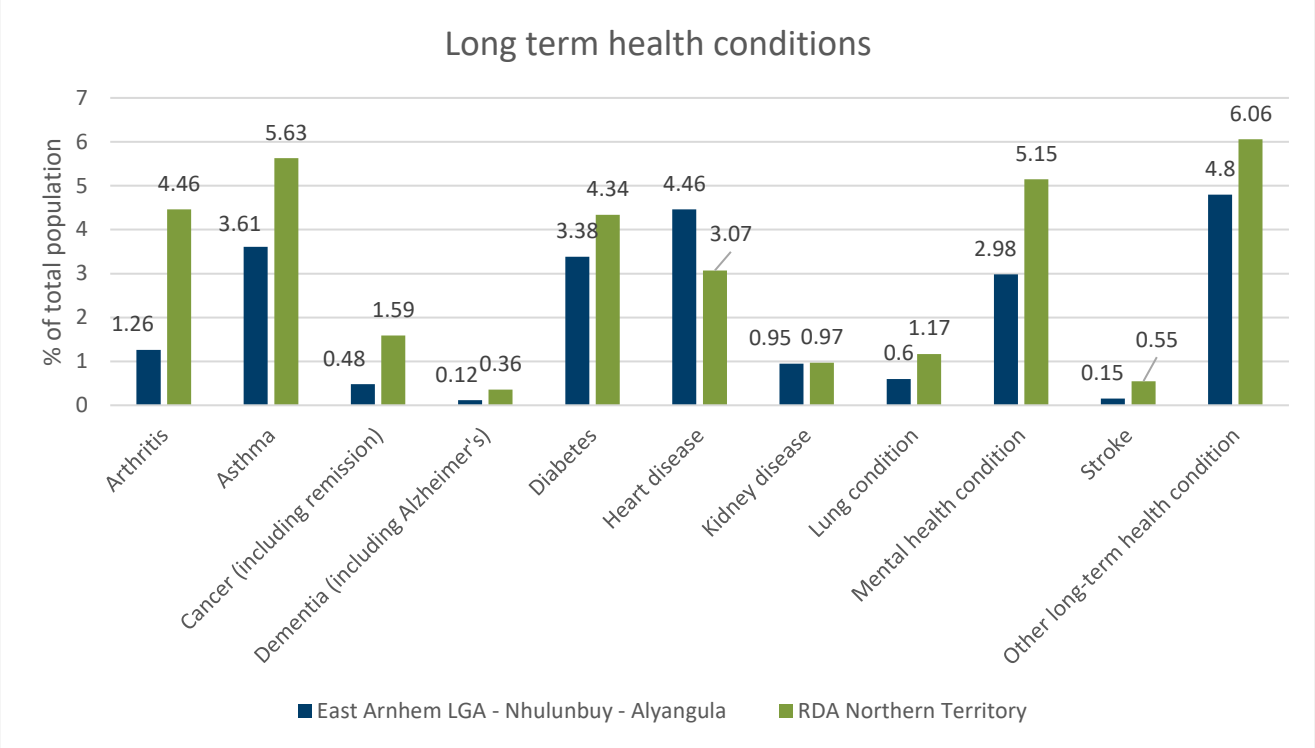
East Arnhem is home to the most remote private practice in Australia, Arnhem Family Medical Clinic. Miwatj Health Aboriginal Corporation is another service providerlocated in Nhulunbuy with seven clinics in Gapuwiyak (also known as Lake Evalla), Gunyaŋara (also known as Marŋarr or Ski Beach), Galiwin'ku, Ramingiŋiŋ, Yirrkala and Yurrwi (also known as Miliŋinbi/Milingimbi) and provide a walk-in service for all acute and preventive health care needs. While Laynhapuy Homelands Aboriginal Corporation services 20 very remote Homeland communities, Gove District Hospital run by the NT's Department of Health, offers services such as elective surgery surgical, medical and paediatric care, maternity services, including caesareans, pathology and visiting specialists.

Population structure of Australia, Northern Territory and East Arnhem, 2018



Source: 2021 East Arnhem, Census All persons QuickStats | Australian Bureau of Statistics

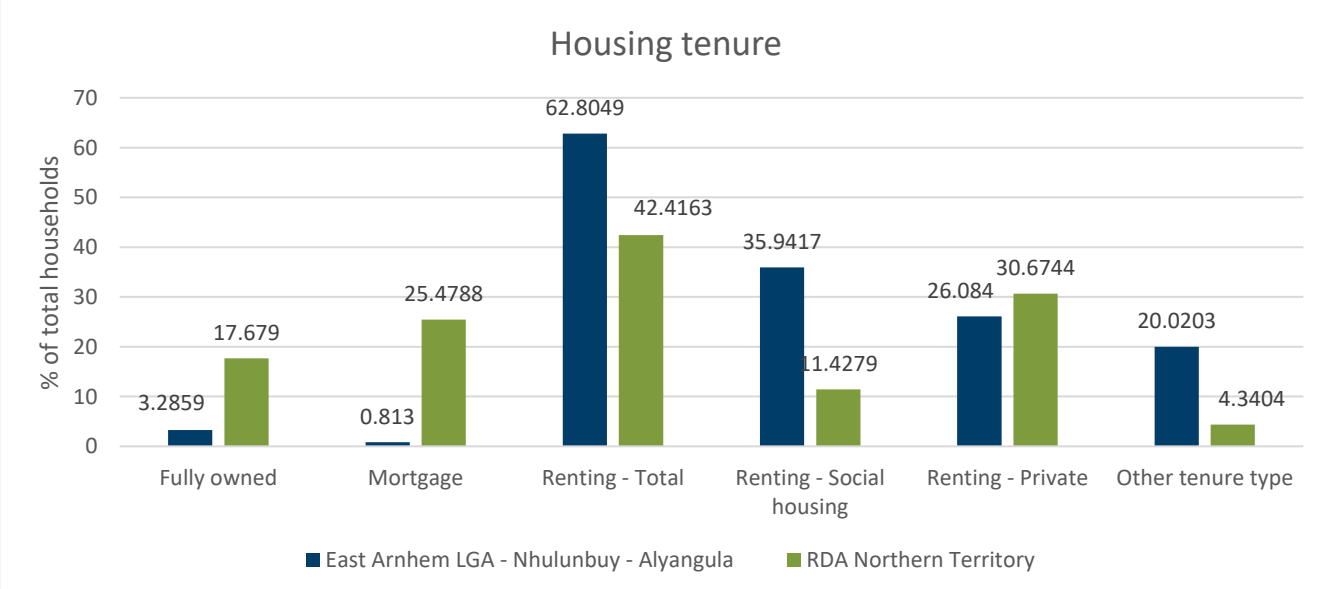
Chronic Condition Prevalence



Source: Australian Bureau of Statistics, Census of Population and Housing, 2021 (Usual residence data).

Compiled and presented in profile.id by .id (informed decisions).

Housing tenure, 2021




Darwin
Darwin
Palmerston
West Arnhem
Maningrida
East Arnhem North
Nhulunbuy
Yirrkala
Gunyanara
Galiwin»ku
Gapuwiyak
Raminginging
Laynhapuy
Homelands
Katherine
Katherine
Kalano
Rockhole
Werenbun
Guyulkan
Jodetluk
Binjari
Katherine Central
Central
Katherine
and Roper
communities
Katherine West
Bulla
Daguragu
Kalkaringi
Lajamanu
Pigeon Hole
Mialuni
Timber Creek
Yarranlin
Central Australia Barkley
Tennant Creek
Ali Curung
Central Australia Central
Kintore
Central Australia North
Utopia

Stakeholder engagement – what the stakeholders say

The culture in East Arnhem continues to be strong which is evidenced through the success of culturally responsive models and contribution of community leaders to healthcare. Culture has been integrated into training programs that involved mentoring initiatives as well as on-country training through partnerships with RTOs and Indigenous Allied Health Association (IAHA).

Incorporating culture into curriculum has been challenging. However, there is a desire to view health and education as inseparable. Two Yolngu students who completed Certificate IV are now considering midwifery and are having ongoing discussions about further job training opportunities. The positive impact this has on the wider community cannot be underestimated. Meaningful education requires community engagement and role models in the community. Research shows that when locals work in the front office or classrooms, children are more likely to attend. Additional resources are also vital to ensure community engagement is strong by enhancing employment and workforce development.

Community voices are integral to ensure governance and decision-making are genuine. Local decision making involves input from local healthcare workers and local community members to ensure clinical governance and quality control. Outdoor medical clinics and shared appointments have been successfully implemented. The community-controlled model has been successful with clinics in homelands, integrating GP registrars, nurses and allied health professionals. This approach includes outreach programs delivering physiotherapy and podiatry services. Although stakeholders have recognised that it has been challenging, the NDIS and aged care support has expanded their services and provided autonomy and choice to participants.

Stakeholders in East Arnhem spoke about the benefits of having a good work-life balance, adding that the nature of their work was fulfilling, and that East Arnhem is an attractive place to raise a family. The composite model which exists between Gove District Hospital, Miwatj and Arnhem Family has created a diverse and efficient workforce. Stakeholders articulated that the Rural Generalist model provides a unique training model for doctors and was a motivation for attracting registrars. To attract and retain practitioners, the importance of workforce incentive programs was highlighted, especially with easy-to-access relocation support.

The health professional relocation grant (HPRG), administered by RWA NT, supports health professionals relocating to the NT or health professionals who are moving within the NT to a more remote area. The grant can help with the costs of things like household removals, flights, transport and other related expenses. The amount of funding you could receive depends on the location you are moving to and the length of your contract, which varies from $3,500- $10,000. The HPRG aims to attract and recruit eligible health professionals to the NT, provide support to eligible health professionals to assist with the financial cost of relocating to the NT and provide case management and retention support to health professionals.

The burden of disease and remoteness of East Arnhem necessitate the importance of continuity of care. It is essential in tackling chronic health conditions. Stakeholder engagement in East Arnhem revealed that the health burden is expected to remain relatively high once the mine has been closed. This is due to the

relative health of those who work in the mine, who are predominantly non-Indigenous, compared to the Indigenous population. It was estimated that half of Gove District Hospital's emergency department patients and 80% of in-patients are Aboriginal and Torres Strait Islander people. As per stakeholders, the closure of the mine will not see the health burden diminish but widen the non-clinical and clinical workforce gap. This is due to a high percentage of administration and allied health sector workers who came to Nhulunbuy because their partners work for the mine.

Stakeholders spoke extensively about the strengths of living and working in East Arnhem, as well as the opportunities to build on existing initiatives. The ability to closely align clinics and services with the social rhythms of the community supports research suggesting that community buy-in as essential to the successful attraction and retention of health practitioners. Though local decision making and community-controlled models have been successfully implemented in East Arnhem, the role of the 'cultural broker' was seen as integral to bridging the cultural gap. The suggestion of long-term fly-in fly-out (FIFO) workers who have a deep and nuanced understanding could help to mitigate some of the challenges around communication and understanding. Recognising the scope of AHPs and their role as cultural brokers contribute to the two-way understanding that is vital to address racism, which impacts community engagement and retention of staff.

Learning the local language and cultural nuances has been advantages in building trust between practitioners and community. This goes beyond mere cultural competence and involves embedding cultural safety as a philosophical practise. For those who work within a culture other than their own, introspection and inquisition should not only be focused outward, but inward too. The ability to understand how one's own beliefs and behaviours impact their clientele aids in the formation of creating a safe and responsive environment. Cultural safety must be held in the same regard as any other safety concerns and time is needed for an individual to fully engage and bridge understandings.

Better support to the community also requires enhanced infrastructure and support services. To attract and retain healthcare professionals while ensuring responsive service delivery, it is important to consider key factors such as social and professional isolation, better access to leave and a reduction in administrative processes. There is also a critical need for enhanced communication technology, qualified staff to operate these systems, and training programs to support their implementation. Although East Arnhem seems to offer a good work-life balance, it is important that practitioners get reliable coverage for leave through locum arrangements and support for both professional and personal travel expenses. The current administrative processes can be burdensome. Sustainable funding streams are essential to address ongoing operational needs, particularly to manage travel logistics and resource constraints that impact service delivery.

The inequity in housing and health economics are significant issues affecting the recruitment and retention of health professionals. The World Health Organisation (WHO) recommends offering grants for housing, increased allowances, increased paid recreational leave and assistance with transport. It has been demonstrated that incentives for GPs that are non-pecuniary in nature, such as hours worked, on-call hours, patient mix and supportive team environment are important factors. This is evidenced in Northern Territory PHN's HWNA survey responses when asked what GPs like most/least about their work. Nonetheless, housing in East Arnhem is a significant issue, as it is for the entire NT.

How the RWA NT Primary Health Care Team supports private practices

Support approximately 40 private GP practices across the NT in areas such as accreditation, the practice incentive program, continuous quality improvement and digital health initiatives such as HealthPathways, MyMedicare and MyHealthRecord.

The team also undertakes time-limited, capacity building projects in target areas e.g. COVID, Disability, Palliative Care, Aged Care. These projects aim to build capacity within primary healthcare to better address the needs of the community across emerging priority areas.

Measuring the success of these challenges needs to be done in a holistic way. We need to move beyond western outputs and understand the multi-dimensional implications of investing in a holistic approach. Indigenous and non-Indigenous worldviews are fundamentally different. Notions of what constitutes success should be expanded to include non-western ways of knowing, being and doing. Data collection, analysis, methods and methodological frameworks must be culturally appropriate and must include the active engagement and training of Indigenous evaluators.

Developing East Arnhem Land

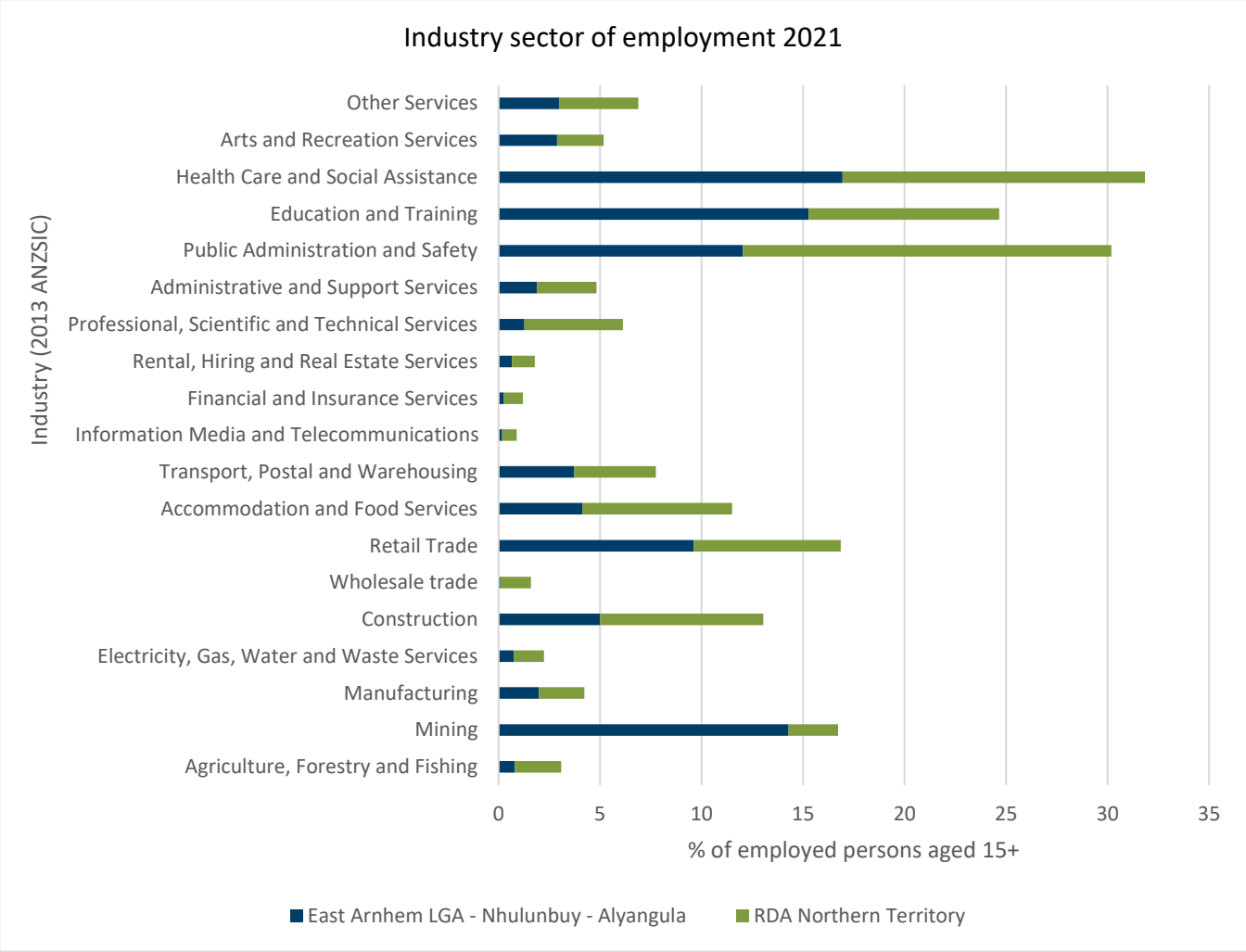
The main township of Nhulunbuy is located on the Gove Peninsula, which is where bauxite has been mined for over 40 years. Bauxite is expected to be mined until 2030, whilst curtailment plans have been put in place since 2014. The cessation of mining will have a big impact on the community as Rio Tinto is the largest employer. Developing East Arnhem Land (DEAL) is an independent not-for-profit company established in 2014 in response to the curtailment of the Gove alumina refinery. DEAL comprises members from the Northern Territory Government and Rio Tinto and received $2 million in seed funding from each. Rio Tinto transferred 250 Nhulunbuy properties to DEAL, which provides accommodation for eligible businesses and organisations and generates income to invest back into the region.

The Regional Economic Growth Plan was developed in response to Regional Prioritisation Recommendation 2 of the Territory Economic Reconstruction Report. The report seeks to articulate how the region can work together to ensure future job security, identify jobs/business types that would benefit East Arnhem, how many more jobs can be created in the next ten years, and how to unite to make this successful. The new ideas for business growth in future East Arnhem are:

- Tourism
- Aerospace
- Human services (better disability and aged care)

- Green energy and manufacturing
- Retention of Army services
- New resource projects (future mining)
- Agribusiness
- Land management
- Forestry management
- Fisheries and aquaculture
- Creative industries (arts).

Industry sector of employment



Source: Australian Bureau of Statistics, Census of Population and Housing, 2021 (Usual residence data).

Key Themes for East Arnhem in 2024:

These themes reflect a forward-looking perspective, emphasising proactive measures and adaptive strategies to navigate the unique challenges and opportunities that lie ahead.

- Developing On-Country Pathways: tailoring curricula for individuals to enter and progress through healthcare careers, integrating epistemological and ontological considerations are crucial for recognising Indigenous knowledge
- Expanding Indigenous Workforce: a critical expansion of the Indigenous workforce in both clinical and non-clinical roles, with diverse work opportunities embedded into services
- Attracting, Retaining, and Ensuring Sustainability: employing a multi-faceted approach to attract and retain staff. Addressing short-term funding streams, administrative burdens, and providing adequate resources and support
- Locally Responsive and Sustainable Care Models: developing care models responsive to local community needs and culturally safe. Moving away from outdated permanency models to ensure continuity of care
- Capacity Building for Adaptation: building capacity to adapt to changing circumstances, including traditional employment models, administration burden, population changes and climate effects.

EAST ARNHEM – Available/ Visiting Services Profile	
Nhulunbuy	Permanent General Practice Clinic
	Permanent Physiotherapy Practice
	Visiting clinics include:
	Dietetics
	Midwifery
	Podiatry
	Dental health
	Women's health professionals
	Mental health professionals
	Ear, Nose and Throat (ENT)
	Gynaecology
	Hearing health
	Nutritionist
Galiwin'ku	Permanent GP based in Miwatj clinic
	Visiting clinics include:
	Optometry
	Podiatry
	Oral health
	Hearing health
	Paediatrics
	Dietician
Yirrkala	Permanent GP based in Miwatj clinic
	Visiting services include:
	Dietetics
	Midwifery
	Podiatry
	Health professionals
	Mental health professionals
	ENT Nutritionist
	Gynaecology
	Hearing health

EAST ARNHEM – Available/ Visiting Services Profile	
Milingimbi	Permanent GP based in Miwatj clinic
	Visiting services include:
	Oral health
	Audiologist
	Optometrist
	Paediatrician
	Obstetrician
	Gynaecologist
	Diabetic Nurse Educator
	Women's health outreach nurse
	Chronic disease outreach nurse
	Midwifery outreach
Ramingining	Ramingining Health Centre - Dental clinic with five consulting rooms and one treatment room.
	Visiting services include:
	GP
	Podiatry
	Cardiac health
	Diabetes
	Mental health
	Paediatrics
	Oral health
	Ophthalmology
Gapuwiyak	Permanent GP based in Miwatj clinic
	Visiting services include:
	Oral health
	Hearing health

Source: Our Communities | NT Remote Locum Program

Glossary

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Services
ACRRM	Australian College of Rural and Remote Medicine
AHP	Aboriginal Health Practitioners
AMSA	Australian Medical Students Association
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ATSI	Aboriginal and Torres Strait Islander
CAAC	Central Australian Aboriginal Congress
CPD	Continuing Professional Development
DEAL	Developing East Arnhem Land
DoHAC	Department of Health and Aged Care
DPA	Distribution Priority Area
FIFO	Fly In Fly Out
GP	General Practitioners
HWSP	Health Workforce Scholarship Program
HWNA	Health Workforce Needs Assessment
IAHA	Indigenous Allied Health Association
IMG	International Medical Graduates
MMM	Modified Monash Model
MDRAP	More Doctors for Rural Australia Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NDIS	National Disability Insurance Scheme
NT	Northern Territory
NTG	Northern Territory Government
NORTHERN TERRITORY PHN	Northern Territory Primary Health Network
NP	Nurse Practitioner
PHIDU	Public Health Information Development Unit
PHC	Primary Health Care
PHN	Primary Health Network
RTO	Regional Training Organisations
SEWB	Social and Emotional Wellbeing
RACGP	Royal Australian College of General Practitioners
RHWSA	Rural Health Workforce Support Activity
Rural Workforce Agency NT	Rural Workforce Agency Northern Territory
WHO	World Health Organisation

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