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**Developing a sustainable GP**

**Workforce**

**ADGP Forum**

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# Approaches to Sustainability

- Creating a sustainable GP Workforce
- Maintaining a Sustainable GP Workforce
- How does the Aboriginal Community Controlled Health Sector deal with the Sustainability Issue
- Partnerships are bigger than Personalities

# What do we mean by Sustainability?

- To keep in existence; **maintain.**
- To supply with necessities or nourishment; **provide for.**
- To support the spirits, vitality, or resolution of; **encourage.**

# Real or perceived detractions?

- **Uncertainty**
  - Income
  - Housing
  - Schooling
  - Cultural issues
  - Survival in the great outdoors
- **Lack of support – isolation**
  - Social
  - Professional
  - Allied Professionals
  - Libraries and Journals
  - Laboratories and other equipment
- **Cultural**
  - Few like minded people around
  - Linguistic isolation
  - Community relationships
- **Distance from**
  - Family,
  - Vacation spots,
  - Centres of thought
  - Familiar cultural interests choir, orchestra, theatres and restaurants, sporting facilities

# Profile of non-metro Drs

Many are country raised and prefer it there

Early in career

- cheaper to get established in a regional location, or adventurous and experiencing remote Australia

Mid career

- need a break,– locum work, even whilst staying at home!

End career

- your final contribution and sharing of a vast experience

# GP Workforce considerations

- Any workforce is dynamic
- The GP workforce dynamics are influenced by:
  - The training period
  - Supporting infrastructure
  - Costs

# Attracting participation

- Providing for GP awareness of the Aboriginal Community Controlled Health Sector during training
- GP registrar training in the sector
- Providing community health medical centres
- Providing support teams for administration, nursing, allied professionals and Aboriginal Health Workers
- Pool of accessible Specialists with regular visits
- Networking and involvement in related professional organisations (e.g. ADGP, ACRRM)
- Assistance with housing in a number of communities

# Options for involvement

- Professional development
  - Research
  - Training (refresher and up-skilling)
  - Participation in policy directions
  - Participation in the community
  - Promoting the sector to those in training
- Involvement in Public Health awareness
  - Community
  - Schools and clubs

# Maintaining the GP workforce

- Maintaining the GP workforce involves
  - Providing the supporting infrastructure to do their work
  - Supporting growth in many aspects including:
    - professionally
    - for your family/personal
    - with the community
    - in the quality and diversity of services provided by the teams
    - of networks of inter-sectoral collaboration within and between the professions
    - of the supporting facilities and infrastructure (continued improvement)

# Maintaining the GP Workforce is assisted by:

- Personal preparation and awareness before undertaking rural and remote assignments and having readily accessible means to do so.
- Being provided with an administrative and supporting environment to lessen the burden of increasing regulations and reporting
- Gaining recognition of service which enhances flexibility for future choices
- Enabling ever increasing professional support for decision making and treatment in remote and regional areas

# Environmental Factors are important in rural workforce GP satisfaction

- Become involved with the community,
- Attend a cultural awareness course
- Spending time with family
- Get to know other families with small children
- Participate in public health education / promotion
- Economic stability and/or growth of the community
- Lack of environmental hazards
- Affordable housing

# What are ACCHS (AMS) doing about the issue of sustainability

- Preparation
  - GP Registrar training (incl. for Doctors from Europe and other regions of the world)
  - Cultural Awareness training (WAACCHO and RACGP)
- Reducing the tyranny of distance
  - Building and upgrading facilities in regional and remote areas
  - Increasingly high speed access to the internet
  - On-line discussion groups (e.g. NACCHO-RACGP GP Network)
  - Access to on-line libraries and training and resource centres
  - Satellite communications in remote areas

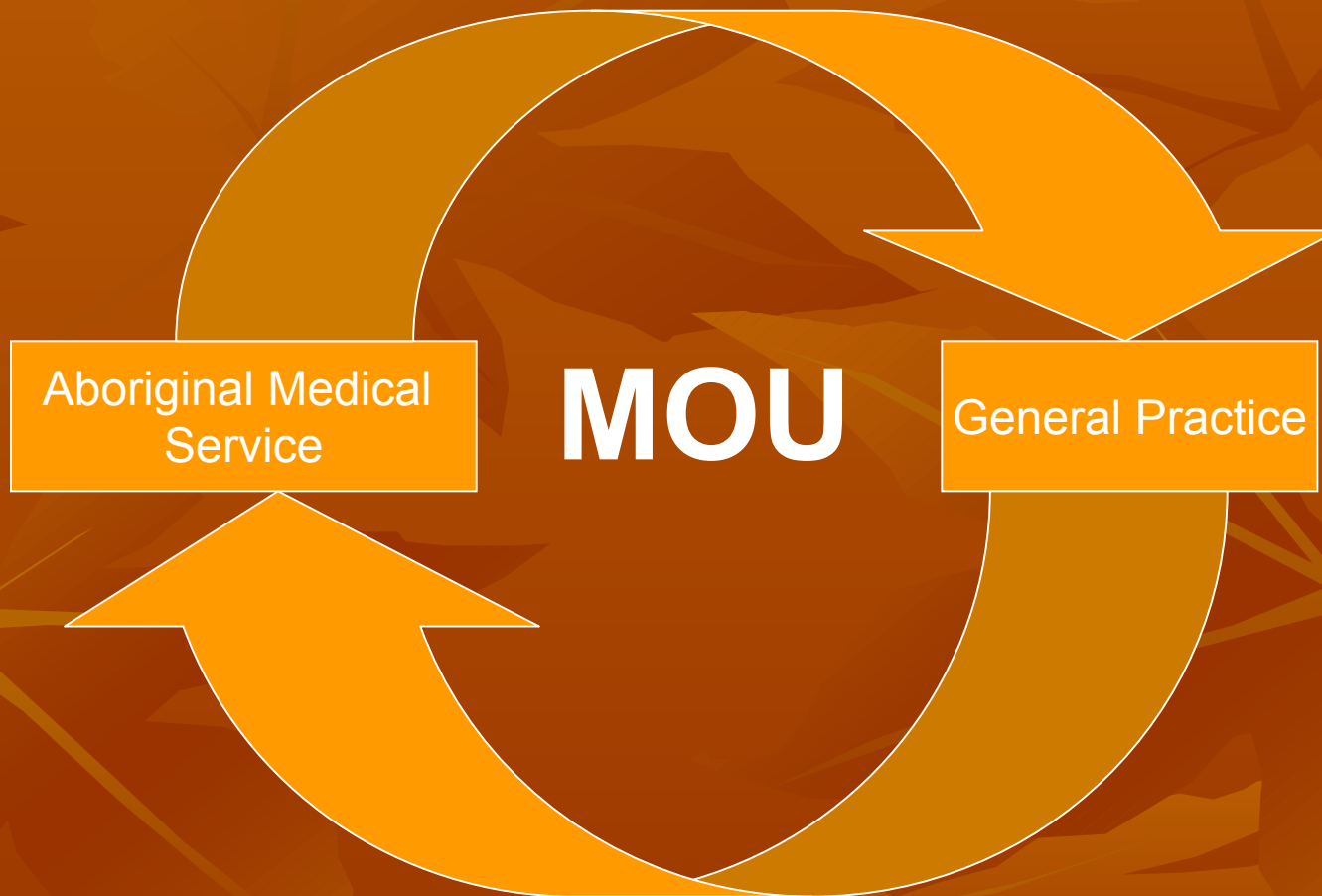
# Less Heralded but important efforts

- Providing administrative support to reduce paperwork
- Continuously improving physical support facilities, buildings, equipment
- IT and telecommunications support including on-line medical records systems
- Regional hospital facilities in many areas
- Initiate and/or participate in local, regional and national public health programs including research
- Communications with and access to Locums
- Upskilling of support staff e.g. Aboriginal Health Workers

# PARTNERSHIPS ARE BIGGER THAN PERSONALITIES

- Collaboration
  - Best Practice

# Framework for inter-Sectoral Collaboration



A framework for these two organisations to work together and support the Divisions of General Practice, Aboriginal Community Controlled Health Services and Aboriginal Communities to work together to provide quality, sustainable, primary health care.

## Snapshot of the ACCH Sector

- 130 primary locations (plus a large number of clinics)
- 1.4 million episodes of care (2000-2001)
- 171 FTE Doctors
- 218 Nurses
- 624 Aboriginal Health Workers
- A number of AMS have over 10,000 registered patients
- Almost 100 with computerised Patient Information Recall Systems
- 144 with internet access (100 with brand-band)

# Participation

Working and/or active participation in the Aboriginal Controlled Community Health Services, at some time in a GP's training and career, sustains diversity in personal and professional experience while enhancing holistic, team based health care.

Thank you

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- SLIDES NOT USED

# Creating a sustainable workforce also entails:

- Attracting participants
- Participants being advocates
- Retaining participants
- Replacing Participants

# ACCCHS: Replacing Participants

- On-line Patient Information Recall Systems for recording and managing patient data
- Governance models providing documentation for procedures within the facilities
- Team ethic within the ACCCHS medical facilities and with the Community
- Evolving community and health profiles to allow for awareness while choosing a location