

# ADF Health

Journal of the Australian Defence Health Service

ISSN 1443-1033

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*ADF Health* is published twice a year by the Australasian Medical Publishing Company for the Australian Defence Health Service. All members of the Defence Health Service are eligible for a free subscription to *ADF Health*.

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## Retention of staff is still a problem

The Defence Health Services Directorate contains many historical artefacts, but none more interesting than the series of portraits of the leaders of our health delivery teams from their beginnings: Directors-General of individual Services, Heads (however styled) of the combined Services Directorates, and Surgeons-General (Regular and Reserve). A striking feature of these portraits is that the great majority of officers depicted wear decorations or campaign ribbons attesting to their operational service. Major General Sir Neville Howse's Boer War Victoria Cross is the earliest, and Air Vice Marshal Tony Austin's Australian Active Service Medal (East Timor) the most recent. Between them, those portrayed wear ribbons earned in World War I, World War II, Korea, the Malayan Emergency/Indonesian Confrontation, Vietnam, Somalia, Rwanda, both Gulf Wars, Timor L'Este, Bougainville and the Solomons. From earliest days, our leaders have undertaken frontline service; indeed, this experience undoubtedly has better fitted them for their eventual leadership roles.

Equally, the ranks of our future health services leaders are filled by medical, nursing, environmental health and enlisted staff who have undertaken operational or humanitarian deployments, often repeatedly and in numerous theatres. Our Reservists are no less well represented, with several having undertaken 10 or more periods of continuous full-time service in deployed health care facilities overseas. Defence health staff have not been so operationally engaged since Australia's withdrawal from Vietnam more than 35 years ago. Currently serving or recently resigned health service members have as much operational service as any group in the Australian Defence Forces. Their pride in service and sense of mission accomplishment are palpable, and reflected in the reorganisation of units and War Establishment postings of Reservists.

But all is not well, as the rate of resignations from the Permanent Forces remains unacceptably high, particularly for medical staff. Recruitment rates remain satisfactory, but where are our O4 and O5 officers, those who have completed one or two overseas deployments and gained hard-won experience and expertise? Despite Defence's attempts to provide better and more satisfying career structures for professional health staff, together with improved pay and conditions, it struggles to retain experienced health staff — those ideally qualified to lead and mentor at unit levels — beyond completion of their periods of return-of-service obligations. Defence is simply unable to offer competitive packages in the market for professionals' skills: witness recent resignations by several experienced, well reported and potential star-level officers who immediately returned to work for Defence, as civilians, for better pay and with security of tenure in desired locations. In these cases, at least Defence has retained the expertise and experience of these former officers, but at what cost in preparedness?

Thirty-four years ago, I responded to a survey designed to determine the factors that led Defence medical staff to resign or continue serving, and 23 years ago I co-authored a similar single-Service study of the same topic. Both resulting reports failed to effect much change in Defence Health Services' culture or the demographic of the staff who serve there, mostly all too briefly. That is, the drivers of health staff behaviour have not changed, nor has the problem of achieving optimal levels of retention.

But other relevant factors have changed, and Defence may profitably exploit them. In particular, these include increasing feminisation of the health workforce (especially the medical component); greater interest in work-life balance throughout society, including among Defence health care providers; Higher Education Contribution Scheme debts incurred for university study; the rise of postgraduate medical degrees; the often overwhelming civilian demand for services; and the accelerating exit of Baby Boomer generation professionals from full-time work, an attractive potential recruiting pool for lateral recruitment endeavours.

While Defence cannot now survive without its civilian health staff, "uniforms" are still preferable.

### Group Captain Peter Wilkins

Editor, *ADF Health*

