

Enhancing the mental health workforce

Addressing shortages in the health workforce is essential for the successful integration of future mental health reform with its strong focus on the primary mental health workforce, especially general practitioners, nurses, community care and psychiatrists.

Strengthening Medicare initiatives

The government is investing \$1.5 billion over five years to implement a range of measures to strengthen the medical workforce. These workforce measures:

- significantly increase the number of appropriately qualified overseas trained doctors operating in Australia through a number of initiatives, including international recruitment strategies, reduced red tape in approval processes and changes to immigrations arrangements;
- result in more than 1600 practices receiving support to employ practice nurses and allow general practitioners to claim Medicare rebates for certain services undertaken by practice nurses;
- make 246 medical school places available each year for students who agree to work in areas of workforce shortage for a minimum of six years;
- offer 150 new general practitioner training places each year — an increase of one-third;
- make 280 funded short term placements available each year for junior doctors to work under supervision in general practices in outer metropolitan, rural and regional areas;
- provide refresher training courses and other support for general practitioners and specialists no longer practising medicine to help them return to the medical workforce;
- pay higher Medicare rebates to non-vocationally registered general practitioners practising before 1996, providing services in areas of workforce shortage;
- provide greater support for rural general practitioners who provide procedural services, such as obstetrics and minor operations; and
- provide additional funding to doctors who provide care to patients in aged care facilities.

It is expected that these wide-ranging initiatives will increase the number of full-time equivalent doctors by more than 1500 by 2007.

Other general practice workforce initiatives

More Doctors for Outer Metropolitan Areas Measure

The More Doctors for Outer Metropolitan Areas Measure was announced in the 2002–03 budget to improve access to medical services for people living in the outer metropolitan areas of the six state capitals. The measure entails a commitment to achieve an additional 150 doctors practising in outer metropolitan areas over a four-year period by providing:

- incentives for doctors to relocate from better supplied inner metropolitan areas to outer metropolitan areas; and
- training placements in outer metropolitan areas for general practice registrars and specialist trainees.

The measure is making a difference to many outer metropolitan communities, and the target of 150 doctors over four years has already been reached. As of 30 April 2005, 205 doctors have taken up the grant and agreed to relocate, or increase their hours of work, in outer metropolitan communities where there are doctor shortages. In addition, by the end of December 2004, 201 general practice registrars had undertaken placements in outer metropolitan areas. To ensure that as many communities as possible are able to benefit from the measure, the availability of the relocation grant has been extended until 30 June 2006.

GP recruitment and retention

A large number of incentives are available to attract and retain general practitioners in rural areas, where workforce shortages have been most significant. These include:

- rural retention payments, currently paid to more than 2000 long serving general practitioners in rural and remote Australia, which range from \$5000 to \$25,000 annually;
- a rural loading to compensate rural general practitioners for the limitations of fee for service arrangements in these areas, given their lower population numbers;
- an additional loading of up to \$5000 per general practitioner per year, paid to rural general practitioners providing obstetrics, surgical and anaesthetic services, as well as financial assistance of up to \$15,000 per procedural general practitioners per year to cover the costs of training, up-skilling or skills maintenance activities, as well locum support while undertaking such training;
- additional financial assistance to rural procedural general practitioners to cover their medical indemnity insurance costs; and
- payments to rural general practitioners to employ practice nurses to assist them with the provision of medical services (payments of up to \$40,000 per practice are available each year).

The Rural Other Medical Practitioners (OMPs) Program provides patients with access to the higher A1 Medicare rebate for services provided by eligible non-vocationally recognised medical practitioners in rural (RRMA 4–7) locations and areas of

consideration. Access to the higher A1 Medicare rebate also provides incentive for eligible general practitioners to relocate to these areas, increasing general practitioner numbers in rural and remote areas.

The Rural and Remote General Practice Program was introduced to attract, recruit and retain doctors throughout rural and remote Australia. Under this program, funding is provided to the state and Northern Territory based Rural Workforce Agencies to provide a number of supports. These include helping communities to recruit general practitioners, finding appropriate placements for doctors who want to relocate to rural Australia, assisting with the costs of relocation, supporting their families with fitting into a new community, and helping doctors to access the necessary infrastructure, support and training.

The Rural Medical Infrastructure Fund (RMIF) was announced in the 2004 election. Under the RMIF, funding of \$15 million has been provided over three years commencing in 2005–06 to assist small rural councils to establish walk in/walk out community medical facilities, making it easier to recruit and retain general practitioners. Funding has been capped at \$200,000 per application and will be targeted at communities with a population of less than 10,000 people.

Programs to increase the specialist workforce

Medical Specialist Outreach Assistance Program

The Medical Specialist Outreach Assistance Program (MSOAP) complements specialist outreach services provided by state and Northern Territory governments to improve the access of people living in rural, remote and regional Australia to medical specialist services.

Support for specialists in the form of assistance with travel costs, accommodation, venue hire and some administration associated with outreach visits removes some of the disincentives of providing outreach in rural and remote locations. MSOAP commenced in 2000 and was renewed in the 2004 budget for another four years until 2008. The program has an annual budget of \$15 million. To date there are more than 1100 communities receiving outreach visits annually across Australia.

MSOAP provides funding for mental health professionals. The current national commitment is \$2.1 million with services operational in towns such as Queenstown in Tasmania, Bright in Victoria and Marble Bar and Esperance in Western Australia. Mental health services supported under this funding include child and adolescent psychiatry, general psychiatry and psychogeriatric consultations.

Outer Metropolitan Specialist Trainee Program

The Outer Metropolitan Specialist Trainee Program (OMSTP) was introduced as part of the More Doctors for Outer Metropolitan Areas Measure and provides specialist trainees with the opportunity to gain access to a range of clinical experience in private settings that may not be available in public teaching hospitals. Up to \$100,000 will be provided in 2005 for trainee salary and on costs (less Medicare benefits generated) and a one-off support payment to the trainee and to the general practices hosting the trainee.

Advanced Specialist Training Posts in Rural Areas

The Advanced Specialist Training Posts in Rural Areas (ASTPRA) Program provides opportunities for specialist training and support through the establishment of accredited training positions in rural and regional areas. The Program is a cost-shared arrangement with state and territory governments, with a total of \$2 million being allocated annually by the Australian Government. There is one psychiatry position funded in Goulburn, New South Wales and one in La Trobe, Victoria.

Rural Advanced Specialist Trainee Support Program

The Rural Advanced Specialist Trainee Support Program (RASTS) provides funding to specialist colleges to support specialist training initiatives and forms the trainee support arm of the government's overall specialist support activities. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has received \$100,000 (March 2003 to August 2005) to deliver training and support to rural psychiatry trainees.

Support Scheme for Rural Specialists

The Support Scheme for Rural Specialists (SSRS) provides funding to address the professional isolation faced by rural and remote medical specialists. Under the SSRS, medical colleges are invited to submit proposals for continuing professional development (CPD) activities relevant to their rural members.

The Australian Government has allocated \$1.7 million for the scheme for the 2005 calendar year. The RANZCP has been offered funds to conduct two CPD projects in 2005 that will: identify the training needs of rural psychiatrists in Western Australia; and provide upskilling in emergency substance abuse psychiatry for Aboriginal and Torres Strait Islander people in rural settings.

Specialist Re-entry Program

The Specialist Re-entry Program (SREP) is an initiative under the Strengthening Medicare package which aims to encourage specialists currently not practising back into the medical workforce. The Australian Government has committed funding of \$1.4 million over four years to this project, including funding to specialist colleges for administration and to specialist mentors and host practices for refresher activities.

The program has assisted in the re-entry of one psychiatrist to practise in a public institution in the Newcastle, New South Wales area.

Nursing workforce

The Australian Government has a significant interest in the supply, distribution and quality of the nursing workforce and acknowledges that shortages currently exist, in particular in rural and remote areas. The government supports the nursing workforce through measures that are predominantly education focused. These include the funding of undergraduate nursing places and scholarships to attract and retain nurses in the profession, particularly in rural and remote areas and aged care.

2004–05 budget aged care nursing initiatives

As part of the 2004–05 budget, the government announced new funding of \$101.4 million over four years to improve the skills and career opportunities of the aged care nursing workforce.

This package includes \$33 million for 400 additional undergraduate higher education places in aged care nursing each year, growing to 1200 places over four years. It also allocated \$56 million over four years for up to 15,750 aged care workers to obtain or upgrade their qualification to the Enrolled Nurse level.

Higher Education Reform Package

In July 2004, the Minister for Education, Science and Training, announced 25,000 new higher education places to 2008. Of these, 4000 are new nursing places, (including the 1200 aged care nursing places).

Additional funding of \$40.4 million over four years has also been provided towards the costs associated with clinical placements for nurses.

Strengthening Medicare Package

As part of the Strengthening Medicare Package, additional funding of \$64.2 million over four years has been provided to extend the existing Practice Nurse Incentive Program for rural and remote areas to urban areas of workforce shortage. As a result, the Practice Nurse Incentive Program will support more than 1600 full time equivalent practice nurses by 2007.

Scholarships

In the 2005–06 budget, the Australian Government has provided funding of \$20.6 million for a further three years for the Australian Rural and Remote Nurse Scholarship Program to attract and retain rural nurses. The program provides scholarships and support mechanisms for undergraduate students, postgraduate and continuing professional development activities for existing rural nurses, and nurse re-entry and upskilling opportunities. A separate scholarship program is available to encourage recruitment and retention of nurses in aged care.

Population health workforce strategies

The primary health care workforce has the potential to employ population health strategies and may be involved at various levels, including supporting a population health strategy in a clinical context, developing, implementing and evaluating a population health strategy or intervention, and providing a link between individual patient care and population health care.

The Public Health Education and Research Program (PHERP) and other national workforce initiatives, such as the Public Health Registrar Program for General Practitioners, play important roles in equipping primary health care workforce with the necessary skills to design, implement and evaluate population interventions to ensure their effectiveness. The Australian Government currently invests \$55 million over five years (2001–05) in this work. PHERP has provided opportunities for strengthening the knowledge and skills base in Primary Mental Health Care and Mental Health Promotion through the development and delivery of postgraduate courses.

Summary

A summary of the funding for the programs for workforce training are in the table below.

Funding for initiatives that complement the National Mental Health Strategy

Name of program	Funding \$s	Funding period
More Doctors for Outer Metro Areas	\$13.5	2005-06
Advanced Specialist Training Posts in Rural Areas	\$2.5 per year	Recurrent
Support Scheme for Rural Specialists	\$1.7	2005 (calendar year)
Specialist Re-entry Program	\$1.4	Dec 2003 – 2006/07
Higher Education Reform Package (nurses)	\$40.4	2004–08
Nursing scholarships	\$20.6	2005–08
More specialist outreach assistance	\$15 per year	recurrent