Inquiry into the factors affecting the supply of health services and medical professionals in rural areas

Submission to the Senate Community Affairs References Committee

APS Contacts:
Professor Lyn Littlefield, OAM, Executive Director

Mr Harry Lovelock, Senior Manager,
Strategic Development and Liaison

Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
www.psychology.org.au

© 2011 by The Australian Psychological Society Limited

TABLE OF CONTENTS

Executive Summary

The Australian Psychological Society (APS) is pleased to provide a submission to the Senate Select Community References Committee Inquiry into the factors affecting the supply of health services and medical professionals in rural areas. The APS is committed to the development of evidence based and innovative health policy to ensure sustainable supply and distribution of health services and thereby equity of access to healthcare for Australians living in rural, remote, and small regional communities.

The APS recognises that the limited supply of health services in rural, remote and regional Australia is a significant problem. There are factors at each stage in the "life cycle" of the psychology workforce which limit supply to small regional communities. Limited training opportunities, restricted career progression opportunities, poor recruitment and retention, challenges in accessing professional development, inflexible funding models and inadequate workforce data all contribute to limiting the supply and appropriate distribution of psychologists to small regional communities.

Ensuring a sustainable supply and distribution of health workforce for rural and regional areas requires recruitment and retention of practitioners, and a range of innovative strategies to be considered. Creating more opportunities for students to live and work in a rural or regional area during training, for example, would help increase recruitment of psychologists to rural and small regional areas. In order to then retain psychologists, it is vitally important that professional support systems and opportunities for professional development are provided. Psychologists working in rural, regional and remote communities often work in professional isolation. They are also faced with the requirement to provide a range of services to meet the diverse needs of the communities they serve. Increased professional support is critical to sustain the supply of psychologists in rural, regional and remote areas. The APS recommends that online learning tools, videoconferencing and other technologies can help improve access to support for practitioners in rural and regional areas, thereby improving competencies and reducing feelings of professional isolation.

Multidisciplinary teams support health services to work efficiently and effectively in rural and regional areas. The APS strongly supports inter-professional learning and practice as essential for delivery of health services to meet the diverse needs of rural and regional communities. In addition to workforce improvements, health service models for rural and regional Australia require review and revision, and there are opportunities for innovation in health workforce planning and service delivery. The APS would welcome the opportunity to provide further information and work with government to ensure people living in rural and regional communities have access to services in order to support their health and wellbeing.

1 Introduction

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Inquiry into the factors affecting the supply of health services and medical professionals in rural areas. As the peak body for psychologists, representing over 20,000 members, the APS has a proud history of working with all levels of government, consumer groups and other health profession peak bodies to improve the health and wellbeing of Australians.

It is the intention of this submission to identify the value of psychological expertise and the contribution psychologists make in health services; how to better recruit, train, retain and utilise the psychological workforce in rural and regional areas; ways in which existing and new roles could improve health workforce supply; and to build the platform for sustainable supply and distribution of health services into the future.

2 About the APS

The Australian Psychological Society (APS) is the peak national body for the profession of psychology, with over 20,000 members, and is dedicated to advancing the discipline and profession of psychology for the benefit of the Australian community.

As the premier representative body for psychologists, the APS has access to a vast pool of psychological expertise from both academic and professional service delivery perspectives. The APS has responsibility for setting professional practice standards, providing ongoing professional development and accrediting university psychology training programs across Australia. It is represented on a number of advisory groups involved in the planning, implementation and ongoing monitoring of Government health policy initiatives.

Constant communication with its members, plus access to high level psychological expertise and detailed involvement in Government initiatives, enables the APS to significantly influence the psychology workforce to ensure best practice in health service delivery.

The APS has a proud history of working in collaboration with Australian Government departments and other organisations in the successful delivery of policies and programs aimed at improving the health outcomes of Australians.

3 The psychology workforce in rural and regional Australia

The majority of psychologists work in the metropolitan and major regional centres in Australia, with approximately 21.5% of psychologists currently working in outer regional, rural or remote communities *(estimate based on data from the Psychology Board of Australia (2011) and the Australian Psychology Workforce Survey, 2008).*

Rural populations, in general, experience both significant physical and mental health issues and are disadvantaged by reduced access to health care providers and health services. Research suggests that special attention and intervention is often required for mental health issues seen in rural and particularly remote areas which include: co-morbid mental health and alcohol and other drug disorders; higher levels of attempted and completed suicide; unique stressors in farming communities; and Indigenous mental health issues (Vines, 2011). Psychologists constitute the major mental health workforce that provides services for people with these issues. Psychologists also make a significant contribution to the prevention and

management of chronic disease, treatment adherence (regimes and medication), lifestyle change, and adjustment to changed health status. Given rural and remote communities' high level of need, it is critical for health workforce planning to examine the nature of the rural and remote psychology workforce and factors contributing to recruitment and retention.

The best data available on the distribution of psychologists in rural and remote Australia were gleaned from The Australian Psychology Workforce Survey, conducted in 2008. The comprehensive and representative survey of 11,046 psychologists was initiated by the Council of Psychologists Registration Boards and conducted in collaboration with the APS (Mathews, Stokes, Crea, & Grenyer 2010).

In Table 1, the distribution of the 21.5 per cent of psychologists who provide services in regional, rural and remote Australia is presented. While this is a better spread of psychological services in regional and rural Australia than has been previously reported, there continues to be a need to attract more psychologists to these locations (Mathews, 2011).

*Table 1. Distribution of psychologists according to revised ARIA+ measure of remoteness (source: Australian Psychology Workforce Survey, 2008 [Mathews et al., 2010])**

Revised ARIA+ classification**	**% of total psychologists**
Regional	14.1%
Rural	6.6%
Remote	0.8%
TOTAL	**21.5%**

* The revised ARIA+ classification is a measure of remoteness based on geographic location, population size and access to service provision, which is then adjusted to take account of social indicators of access (ABS, 2001).

The years of experience of psychologists in regional, rural and remote Australia was also captured in the survey, shown in Figure 1, and provides an insight into the level of experience of psychologists in the rural and remote health workforce. Of particular note is the high proportion (approximately 45%) of relatively inexperienced psychologists working in remote locations. In contrast, almost 30 per cent of psychologists in regional locations reported having over 16 years experience as a psychologist (Mathews, 2011).

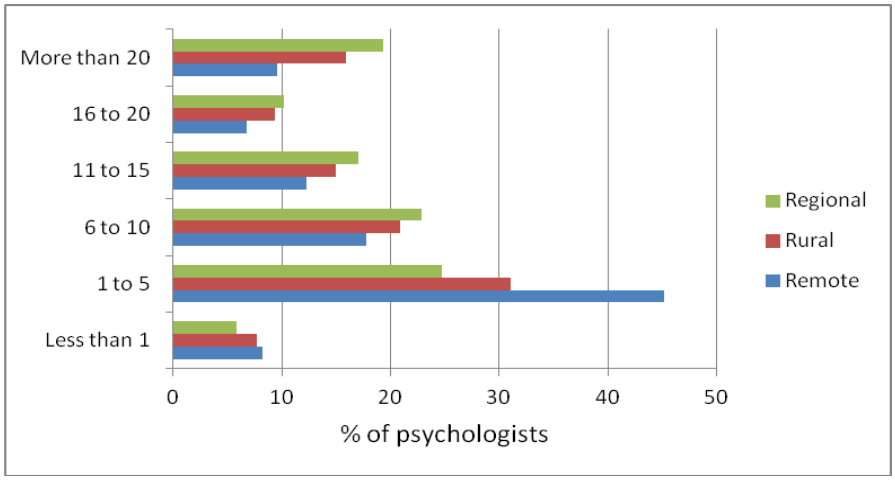

Figure 1. Distribution of years of experience of RRR psychologists (source: Australian Psychology Workforce Survey, 2008)

The distribution of the various workplace settings of psychologists who provide services in regional, rural and remote Australia are presented in Figure 2. Of particular interest are the proportion of psychologists in remote locations who work in school settings and the lack of psychologists in private practice servicing these remote locations, both a contrast to the situation in regional and rural areas (Mathews, 2011).

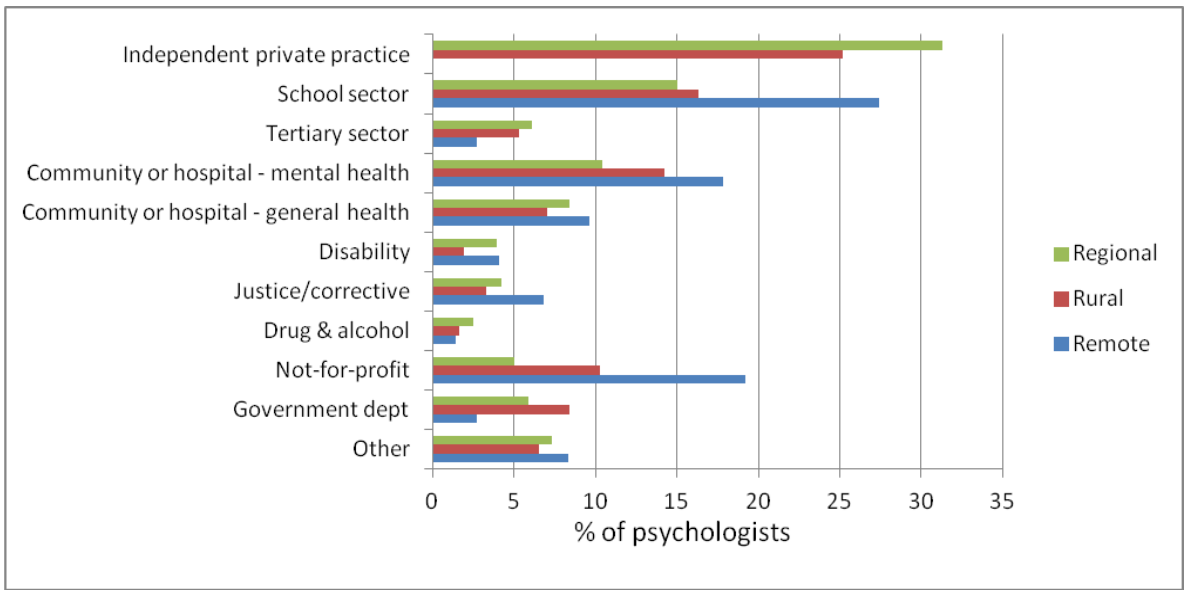

Figure 2. Distribution of the various workplace settings of RRR psychologists (source: Australian Psychology Workforce Survey, 2008)

Further details of the profile of the regional, rural and remote psychology workforce are published in the August 2011 edition of *InPsych*, the APS magazine for members and associated industry professionals. The edition exemplifies the APS commitment to rural and regional issues, with the cover feature considering the role of psychology in enhancing rural Australians' health and wellbeing. The issue can be viewed at http://www.psychology.org.au/publications/inpsych/.

4 Response to the Inquiry Terms of Reference

A) The factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres.

Training opportunities and career progression

Inadequate training opportunities are a key factor limiting the entry of psychology students into the health workforce. The discipline of psychology is taught in a four-year undergraduate degree followed by postgraduate professional training before registration to practice. Despite the ongoing and growing demand for psychologists, analysis of national accredited higher education programs by the APS has shown that postgraduate professional training programs in psychology are under-funded and under significant pressure (Voudouris & Mrowinski, 2010). Specifically, data suggest that postgraduate professional coursework Masters and Doctoral degrees, which are considered to be entry-level programs for the psychology profession by psychology discipline bodies as well as national registration and accreditation regulators (AHPRA, 2010), have been in decline since 2004, when the Federal Government changed the cluster funding arrangements (Voudouris & Littlefield, 2011).

The insufficient number of postgraduate professional psychology training places reduces the ability of the practice and discipline of psychology to contribute most effectively to the health workforce and delivery of services to rural and regional communities. The limitation is particularly great in rural and small regional communities, where there is difficultly in recruiting and retaining psychologists, further exacerbated by minimal postgraduate training opportunities in the local area. Data suggest that psychologists who choose to work outside a metropolitan area often do so because of a pre-existing connection to rural locations and a strong appreciation of the rural lifestyle (Vines, 2011). To build students' connections with rural communities, and therefore increase their likelihood to return to work in those communities, training opportunities must be provided in rural and small regional areas.

Furthermore, the overall number of psychology specific positions within health services is relatively small, resulting in a lack of career opportunities and structure for psychologists. This lack of career options is often a major issue in rural settings, which limits the supply of psychologists to small regional communities. A lack of psychology specific positions not only denies practitioners a rewarding career path, it also creates a lack of senior positions to conduct higher-level work (including clinical audits, and program evaluations) and provide supervision, both crucial to clinical development, quality management, and ultimately safe and appropriate health care. Without psychologist positions in mental health services and chronic care teams, communities in rural and regional areas are often deprived of the breadth of skills and knowledge that psychologists bring. Building a well trained, appropriately skilled health workforce which benefits from the involvement of psychologists in all levels of care requires provision of adequate training opportunities, followed by opportunities for career progression, skill development, supervision and mentoring.

Recruitment and retention

The recruitment and retention of health professionals to rural and regional areas is difficult and is a key factor limiting the supply of health services and psychologists in small regional communities. Indeed, the majority of health service providers reside and work in large cities (Vines, 2011). The main concerns that often prevent people from relocating to regional or rural communities relate to professional isolation, lack of clinical support and lack of orientation to the community (Battye, & Taggart, 2003). In order to ensure a sustainable health workforce for rural and regional areas, a range of recruitment and retention strategies needs to be considered to address these concerns.

Providing students with the opportunity during training to live and work in a rural or regional area is one strategy that would help increase recruitment of psychologists to rural areas. A recent study conducted by the APS Rural and Remote Psychology Interest Group and the APS Regional, Rural and Remote Advisory Group of non-metropolitan members of the APS found that those who chose to work outside a metropolitan area often did so because of a pre-existing connection to rural locations and a strong appreciation of the rural lifestyle (Vines, 2011). A rural experience during placements could encourage students to return to a rural area following graduation, particularly if there was an incentive payment or postgraduate scholarship linked to completing supervision requirements and/or establishing a working life in a rural or remote area. This has previously been trialed successfully with both research and stipend funding from the Commonwealth Department of Health and Ageing between 2001 and 2004 (Vines, Richards, Thomson, Brechman-Toussaint, Kluin, & Vesely, 2004). The APS recommends that to improve recruitment to rural and regional areas financial support similar to that provided to the medical profession should be considered. This may include allowances, incentive payments, and reduced fees for psychology registrars to work in a rural area for a period of time in their training, and financial incentives to work in a rural area, such as accommodation rebates or rent subsidies. In order to then retain the workforce, the APS stresses the need for financial models in addition to fee-for-service. Outreach private practice, for example, is not financially viable for psychologists due to populations too small for full time practice, and absence of loadings for travel to rural areas. The APS recommends that guaranteed salaries that are realistic and competitive would greatly improve retention of psychologists in the rural and regional health workforce. Salaried part time practice in agencies could complement fee-for-service private practice to provide a reasonable standard of living.

The APS recommends the North and West Queensland Primary Health Care's development of the North West Queensland Allied Health Service (NWQAHS) as a good example of successful recruitment and retention of allied health professionals where, as supported in the literature, a 'bundle' of retention incentives was employed (Buykx, Humphreys, Wakerman & Pashen, 2010). The NWQAHS developed a multifaceted recruitment and retention strategy, and addressed professional and personal factors as described.

The professional factors included:

- A salary package recognising the complexity of service delivery and responsibility of working in an isolated or solo position, the arduousness of travel, compensation for the increased cost of living in rural and remote areas, and personal cost of relocating away from the generally preferred urban or coastal centres and from family and friends

- Development of a service delivery schedule incorporating staffing requirements in order to manage allied health professionals' work within a diverse range of communities
- Access to professional development
- Orientation to remote practice and Indigenous cultural awareness
- Professional mentoring
- Line management by a psychologist

The personal factors included:

- 6 weeks annual leave
- Annual airfare back to 'home'
- Housing subsidy of $150/ fortnight
- Assistance with meeting relocation expenses
- Assistance in finding employment for partners or spouses
- Childcare subsidy

The strategies proved very successful, with all advertised positions quickly filled, and retention effective with only 2 resignations within a 20 month period (Stanley-Davies P.J., & Battye K.M., 2004). The NWQAHS demonstrates that the problem of recruitment and retention of allied health professionals to rural and remote Australia can be overcome when people's reservations regarding the professional and personal issues involved in relocating are acknowledged and addressed. The APS recommends that implementation of such strategies to improve recruitment and retention could greatly improve the supply of health services and health workforce to small regional communities.

Professional development

It is vitally important that professional support systems and opportunities for professional development are incorporated into any incentive to attract psychologists to work in regional and rural areas. The time and expense involved in travelling for professional development, supervision and professional networking can be prohibitive for psychologists in these areas. The resulting professional isolation can lead to high attrition rates, and consequently place limitations on the supply of psychologists in rural and regional communities. As distance is often the major impediment to accessing CPD, technology is crucial in improving access for professionals in rural and regional areas to training, supervision, and each other. The APS advocates for the development of online education programs to provide easy access to self-paced learning 24/7. Further, video-conferencing links to professional development presentations, workshops, and supervision support enables much needed contact with colleagues and peers, thereby improving competencies and reducing feelings of isolation.

The APS recommends a project conducted by the Hunter New England Local Health District as an example in innovative use of online solutions for provision of mentoring and supervision. Rural and remote psychologists enrolled in the program, which provided a range of supervision, mentoring and online support and training. The project utilised interactive web logging sites to provide psychologists with access to: inexpensive and targeted training; focused webcast learning opportunities; direct connection to upcoming workshop presenters; and participation in an online community. Evaluation of the program indicated that it reduced burnout, decreased psychologists' sense of isolation, increased skill levels and facilitated formation of professional networks (Parry, 2011).

In order to ensure retention, and therefore supply, of health practitioners in rural and regional communities, the APS recommends innovative development, application, and uptake of online technologies as one way to improve provision of professional development and support.

Flexible funding models

The lack of flexibility in funding models is another key barrier to achieving a sustainable supply and distribution of the psychology workforce in rural and regional areas. While funding to employ a psychologist full-time in a single organisation is often limited, a combination of flexible working and funding opportunities in a community could enable full-time employment for psychologists to relocate to a rural or small regional community. For example, support for government facilities (e.g. hospitals, Medicare Locals, schools), non government organisations, and private practice to develop 'mixed models' of employment for psychologists could help improve recruitment and retention, and thereby the supply, of psychologists in small regional communities. Whilst some funding could be supported from federally funded initiatives including Better Outcomes and Better Access, these programs are insufficient to provide the funding or the access to services for rural areas. Non fee-for-service funding models must also be considered. Specifically, salaried positions in rural areas would provide better security and incentives for practitioners to move to rural areas. There is potential for Medicare Locals to enable mixed model business development opportunities (e.g. salaried, fee-for-service, contract work etc) to be realised.

In addition to flexible funding models, flexible employment conditions and career pathways are an important factor in achieving a sustainable psychology workforce in rural and regional areas. Adequate salary levels and the possibility for part time and flexible hours are relevant factors. Incentive payments to psychologists could potentially be offered to encourage relocation to rural and regional areas to establish business infrastructures, business connections and opportunities in the local areas, and support regular access to resources and family and professional contacts.

Rural and regional communities have a diverse range of health needs, and to ensure an appropriate supply of health services, a range of delivery models is required between and within communities. Whilst discrete general practice models may be appropriate for some communities, hub-and-spoke models may be required in other areas. For some communities, a combination of several models may be required in order to provide appropriate access to health services for the community (Humphreys & Wakerman, 2008). Fly-in fly-out (FIFO) services, drive-in drive-out (DIDO) services, and videoconferencing, for example, are innovative and successful models of health service provision that make a valuable contribution to rural and remote health. These services often supplement local services and provide communities with access to services they would otherwise not have access to. They also provide support and connections for often professionally isolated resident health professionals in the community. FIFO and DIDO services can also assist in continuity of care, providing staff relief during times of recruitment, annual leave, or attendance at continued professional development. Providing these services is certainly not without challenge, however such innovative and flexible models of care provision are critical in achieving fair access to services and equal health outcomes. Ensuring adequate supply of health services in rural and regional Australia requires improvements to the health workforce, complemented by systematic development of sustainable service models that meet the needs of health professionals and their clients.

D) Other related matters

Generalism of the health workforce

The APS recognises that it is not viable to expect that professionals within every possible area of health specialisation will be available to work in rural and remote areas, and with a limited supply of health workforce, a range of solutions must be explored. Health Workforce Australia suggested in their Draft Background Paper for the Rural and Remote Health Workforce Innovation and Reform Strategy that "essential to workforce organisation and supply in rural and remote areas is the promotion, valuing and support of generalist practice across all professions" (HWA, 2011). Whilst the idea of generalism may make practical sense in terms of increasing both recruitment potential and service provision, it also carries some risks in relation to the provision of safe and appropriate care; best practice; and recruitment and retention of a skilled workforce.

While generalist practitioners, such as Aboriginal and Torres Strait Islander health workers and remote area nurses play a vital role in the provision of health care to rural and remote communities, supporting generalism across all health professions, would deny the value of specialist knowledge. For care of the severely unwell, for example, the expertise and specialist knowledge of psychologists and other specialised health practitioners is vital. Generic positions also often attract very junior practitioners (including junior psychologists) who may take such a position at the start of their careers to gain some experience. The lack of career pathways and resulting disenfranchisement can then lead to high turnover in generalist roles, and consequently a lack of continuity of care and of much needed advanced clinical skills to contribute to a community. The APS argues that generic positions prevent creation of a sustainable pipeline of junior to senior mental health workers for communities. The lack of expertise generated by generic roles could have serious implications for the health and wellbeing of rural and remote Australia.

Allowing generalist healthcare workers, who are not qualified or registered psychologists, to perform duties outside their area of qualification or specialisation and provide psychological services would also carry the risk of a lowering of standards of care. Any increasing of access to healthcare service delivery through a broadening of capacity and skill development must not lower standards or lead to reduced access to and a devaluation of specialisation.

Psychologists have something unique to offer over and above generic health workers. This is particularly the case when working with issues relating to mental health, where psychologists understand the importance of working within evidence-based practice, have skills relating to case formulation and developing intervention plans, and are able to adapt evidence-based treatments to fit the consumer and local contexts. Psychologists with skills and knowledge in community, health and clinical health interventions are the ideal practitioners for rural and small regional areas.

Inter-professional practice

The APS recognises that, particularly in rural and regional communities, inter-professional or multidisciplinary practice is essential for efficient, effective and appropriate delivery of services to the community. The most functional and beneficial multidisciplinary teams focus on holistic wellbeing and have a shared commitment to maximise community and individual self reliance (Roufeil, 2011). Such teams work with the community, building trust in health services and changing

communities' attitudes to health. Establishing such community trust requires health professionals in the team to have a clear understating of their respective roles and how best to work as a team, developed through inter-professional experience throughout the career pathway. It is most important that communities and other health professionals understand what psychologists can offer regional and rural communities. To achieve this, collaborative care needs to be encouraged and supported through flexible funding models, provision of inter-professional learning and continued professional development, networking opportunities, and mentoring and support. In regional communities where there is often limited supply of health services, inter-professional practice enables the health services in place to contribute most effectively to the health and wellbeing of the communities they serve.

Health workforce data

Collection of workforce data is currently inadequate and is a key limiting factor on the supply and distribution of health service and workforce in rural and regional Australia. In order to plan for sustainable provision of the range and intensity of all health services in an evidence based health system, collection of appropriate, detailed and comparable workforce data is required. Improvements to data collection that would enable an accurate picture of rural and regional health services and workforce to be captured, and enable most effective planning for the future include:

- Collection of data regarding each profession under the 'allied health' banner. The 'allied health' category covers a number of different professions that each make a unique contribution to provision of health services. The role of dietitians, psychologists and social workers, for example, whilst complementary are certainly distinct. To ensure access to an appropriate mix of allied health services, it is important to map the constitution of the allied health workforce profession by profession.
- Mapping across professions by region, to support development of collaborative models of care. Knowing where general practitioners, psychologists and mental health nurses are or are not co-located, for example, would assist in developing collaborative mental health care models.
- Application of a consistent methodology for collection of data in rural and remote Australia. Over the years various codes including ASGC, RRMA and ARIA have been used. To ensure comparability of data, application of the most advanced version of the ARIA code is recommended.

Psychologists are trained in the scientist-practitioner framework with a focus on applying evidence based interventions, and have strong skills in statistical research and data interpretation. The APS recommends that the government consult further with the APS and its members, with Allied Health Professions Australia, and with the self-regulated professions to ensure development of effective and appropriate data collection tools in order to collect accurate, thorough and comparable data to build a solid knowledge base for planning the supply and distribution of health services in rural and regional Australia into the future.

References

Australian Bureau of Statistics [ABS]. (2001). Australian Standard Geographical Classification (ASGC). *Statistical Geography, 1* (cat. no. 1216.0).

Australian Health Practitioner Regulation Agency (2010). Psychology General Registration Standard. Accessed from: http://www.psychologyboard.gov.au/Registration-Standards.aspx

Australian Psychological Society. (2011). Membership data as at 31 May 2011. Accessed from APS.

Battye, K.M., & McTaggart, K. (2003) Development of a model for sustainable delivery of outreach allied health services to remote north-west Queensland, Australia. *Rural and Remote Health* 3, 194. Available from http://rrh.deakin.edu.au

Buykx, P., Humphreys, J., Wakerman, J., & Pahsen, D. (2010) Systematic review of effective retention incentives for health workers in rural and remote areas: Towards evidence-based policy. *Australian Journal of Rural Health*, 18, 102-109.

Health Workforce Australia (2011) Rural and remote health Workforce Innovation and Reform Strategy. Accessed from https://www.hwa.gov.au/sites/uploads/hwa-rural-and-remote-consultation-draft-background-paper-20110829c.pdf

Humphreys, J., & Wakerman, J. (2008) Primary health care in rural and remote Australia: achieving equity of access and outcomes through national reform, A discussion paper. Accessed from http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/discussion-papers

Mathews, R. (2011) Profile of the regional, rural and remote psychology workforce. *InPsych*, 33(5), 12-13.

Mathews, R., Stokes, D., Crea, K., & Grenyer, B.F.S. (2010). The Australian Psychology Workforce 1: A national profile of psychologists in practice. *Australian Psychologist, 45*(3),154-67.

Parry, G. (2011) Helping the helpers in rural Australia: An innovative mentoring and supervision program in NSW. *InPsych*, 33(5), 20.

Psychology Board of Australia. (2011). *Registration data tables – August 2011.* Accessed from http://www.psychologyboard.gov.au/About/Statistics.aspx

Roufeil, L. (2011) Getting mental health services to the bush: The innovative delivery of best practice psychological services. *InPsych*, 33(5), 14-15.

Stanley-Davies P.J., & Battye K.M. (2004). The Division with the Vision: Development of the North West Queensland Allied Health Service by North and West Queensland Primary Health Care. Evaluation of Stage 1. Townsville: NWQPHC.

Vines, R. (2011). Equity in health and wellbeing: Why does regional, rural and remote Australia matter? *InPsych*, 33(5), 8-11.

Vines, R.F., Richards, J.C., Thomson, D.M., Brechman-Toussaint, M., Kluin, M., & Vesely, L. (2004). Clinical Psychology in General Practice: A Cohort Study*. Medical Journal of Australia*, 181, 74-77.

Voudouris, N.J. & Littlefield, L. (2011) Submission to the Higher Education Base Funding Review Consultation Paper.

Voudouris, N.J. & Mrowinski, V. (2010). Alarming drop in availability of postgraduate psychology training. *InPsych*, April, 20-23.