

NSW HEALTH

Psychiatry Workforce Plan

2020-2025



NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2060

Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.nsw.health.gov.au

Produced by: Workforce Planning and Talent Development Branch and Mental Health Branch

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgment of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Health 2021

SHPN (MH) 200217 ISBN 978-1-76081-093-1

Copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

January 2021

Contents

| | |
|--|----|
| Foreword & Message from the Minister | 1 |
| Executive summary | 2 |
| Overview | 3 |
| Plan at a glance..... | 8 |
| The strategies | 10 |
| Appendix | 16 |

Message from the Minister

The *NSW Health Psychiatry Workforce Plan 2020-2025* is a vital step to grow and develop the NSW Health psychiatry workforce.

A skilled and supported psychiatry workforce is essential for maintaining safe, effective and efficient mental health care systems in NSW now and into the future.

The plan reflects the need to adapt and enhance the psychiatry workforce to meet the needs of our communities. It builds on the strength and experience in NSW Health to attract and support the psychiatrists of tomorrow.

With ongoing stakeholder commitment, the plan will drive excellence and attract quality doctors to pursue a career in psychiatry.

Hon. Bronwyn Taylor
Minister for Mental Health

Foreword

I am pleased to introduce the *NSW Health Psychiatry Workforce Plan 2020-2025*. It builds on the progress made under the *NSW Mental Health Workforce Plan 2018-2022* and the *Health Professionals Workforce Plan 2012-2022* framework.

I wish to thank the stakeholders who shared their experiences to help develop the plan. This advice helped to target actions to support the psychiatry workforce in meeting the needs of people with lived experience of mental health issues, their families, carers and supporters.

The plan establishes a platform for continuous improvement to grow and support the psychiatry workforce across NSW Health. I look forward to seeing the innovative and successful initiatives developed under this plan.

Elizabeth Koff
Secretary, NSW Health

Executive summary

Developing this *NSW Health Psychiatry Workforce Plan* was a key action of the *NSW Mental Health Workforce Plan 2018-2022*.

This plan mirrors the framework of the *Health Professionals Workforce Plan 2012-2022*:

This plan identifies nine strategies to support the psychiatry workforce meet the needs of people living with a mental illness, and the needs of their carers, families and kinship groups.

It was informed by stakeholder feedback and identifies who will deliver each strategy.

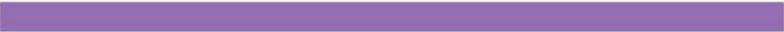
The aim is to support a skilled psychiatry workforce to maintain safe, effective and efficient mental health care systems in NSW now and into the future.



1. STABILISING THE FOUNDATIONS



2. BUILDING BLOCKS



3. RIGHT PEOPLE, RIGHT SKILLS, RIGHT PLACE

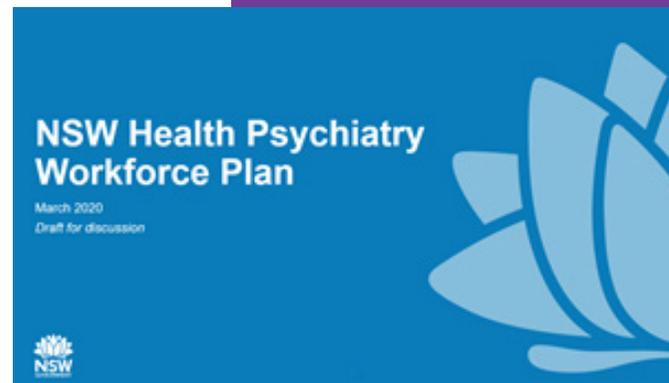
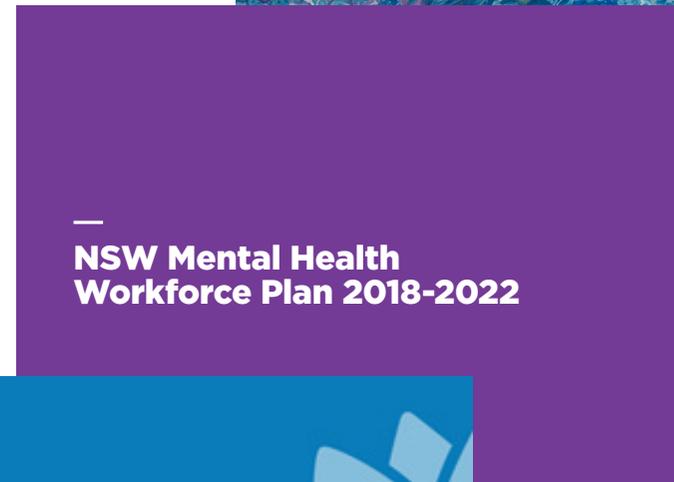
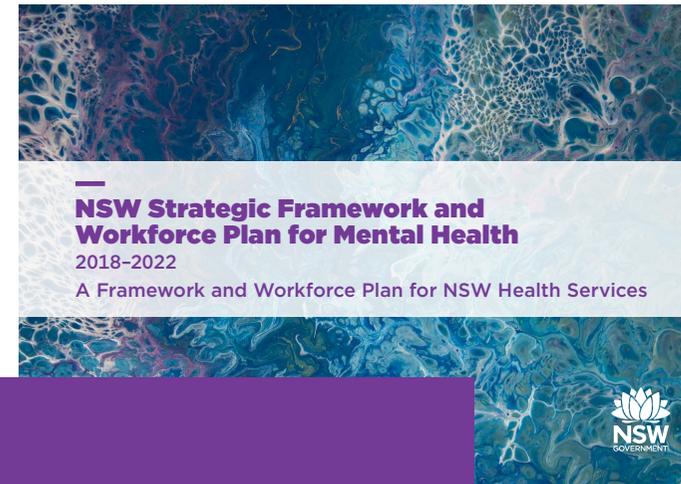
Overview

The NSW Government is undertaking a ten year reform of mental health care to 2024.

The *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022: A Framework and Workforce Plan for NSW Health Services* provides overarching guidance for NSW Health strategic action in mental health. The Framework and Plan are actions that arose from reform of mental health care and respond to policy directions in the *Fifth National Mental Health and Suicide Prevention Plan 2018-2022*.

The *NSW Mental Health Workforce Plan 2018-2022* is the eighth enabler of the National Framework.

Developing a **NSW Health Psychiatry Workforce Plan** is a key action of the *NSW Mental Health Workforce Plan 2018-2022* to grow and support a skilled psychiatry workforce in line with forecast health service demand and delivery requirements (Strategy 4.5).



Building on existing platforms to realise action

The NSW Health Psychiatry Workforce Plan 2020-25

- The Plan has strategies to support psychiatrists to meet the needs of people living with a mental illness, and the needs of their carers, families and kinship groups.
- The Plan mirrors the principles and strategies of the *Health Professionals Workforce Plan 2012-2022*, and identifies who is responsible for delivering each strategy.

The Plan reflects feedback from targeted consultation

- In late 2019 stakeholders were asked what is working, what is not working and whether there are strategies to further develop the psychiatry workforce.
- Eighteen organisations responded to the discussion paper [see appendix 1 for detail].

The strategies align with the goals of other plans

The *Health Professionals Workforce Plan 2012-2022* guides NSW Health workforce planning to 2022. Its strategies are grouped as follows:

- Stabilising the Foundations – integrated planning and multi-faceted solutions.
- Building Blocks – focuses on settings that attract and retain staff for a flourishing workforce.
- Right People, Right Skills, Right Place – the workforce is available, trained and where it is needed.

The *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* and the *NSW Mental Health Workforce Plan 2018-2022* have three goals which strategies are grouped under:

- Holistic, person-centered care
- Safe, high-quality care
- Connected care

The Ministry of Health's Mental Health Branch will regularly review the strategies to ensure they remain relevant in a dynamic health landscape.

Profile of the NSW Profile of the NSW psychiatry workforce

Psychiatrists are a critical component of the NSW Health mental health workforce, making up about 10%. The psychiatry workforce includes Staff Specialists, trainees, Visiting Medical Officers (VMOs), Career Medical Officers (CMOs), and locums.

Overseas trained doctors supplement the locally trained psychiatry workforce.

The workforce is growing and many work privately

Since 2013 the number of psychiatrists in NSW has grown 19%, to 1,091 in 2018.

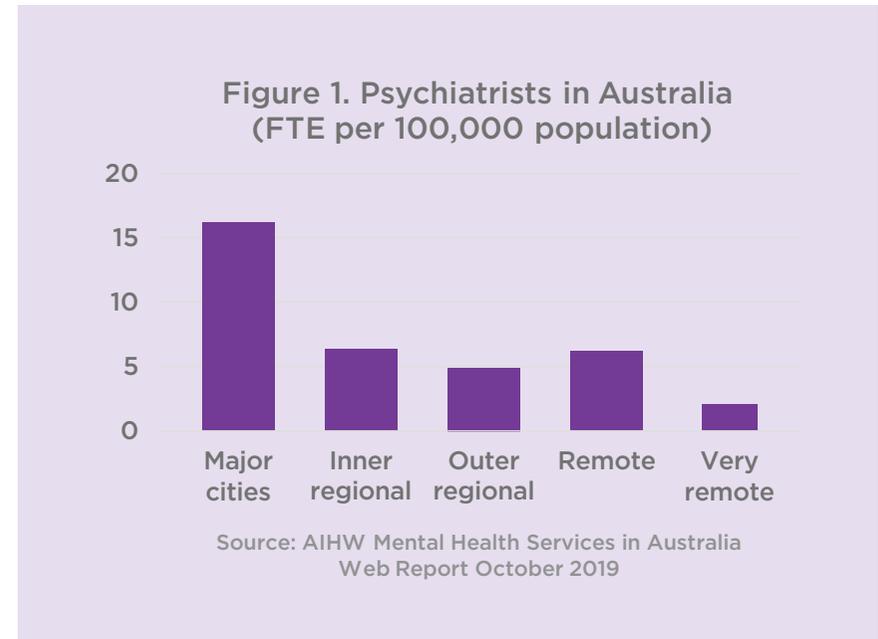
Psychiatrists in NSW most commonly work in private practice (36%), then in the public sector (30%), and the remainder work in both public and private settings.

Psychiatrists in Australia work on average 38.8 hours per week. In 2018, psychiatrists in NSW worked slightly less (37.0 hours in the clinical workforce, and 37.1 hours in the non-clinical workforce).

The Australian psychiatry workforce is highly urbanised with 88% working in major cities in 2017

This is more urbanised than the general population (71% in major cities) and more urbanised than the overall medical practitioner workforce.

The number of psychiatrists per capita by remoteness is shown in Figure 1.



Meeting the mental health needs of NSW now and into the future

A skilled and supported psychiatry workforce is essential for maintaining safe, effective and efficient mental health care systems in NSW now and into the future.

The role of psychiatrists continue to evolve in line with a changing health and social care environment. The Royal Australian and New Zealand College of Psychiatrists outlines this role as:

- caring for patients
- managing complex & severe psychiatric conditions
- providing clinical leadership
- teaching & training
- researching mental illness
- advocating for health by challenging stigma & discrimination.¹

The complex and changing landscape

Key tasks for the NSW psychiatry workforce include:

- providing early targeted and appropriate mental health intervention for toddlers, children and young people
- supporting an ageing population and increasingly complex patients.
- supporting access to culturally appropriate services to improve the mental health of Aboriginal people.
- supporting complex individuals (across the life span) with developmental disabilities and severe emotional and behavioural problems
- supporting the mental health response to the impact of disasters, pandemics, recession, both in the short and long term, on communities
- ensure access to the right care at the right time for rural consumers.

It is important to recognise the contribution of the private psychiatry workforce and Non-Government Organisations in providing psychiatry care in NSW. However, this Plan focuses on the NSW Health workforce.

¹ The Royal Australian and New Zealand College of Psychiatrists. (2013). *The role of the psychiatrist in Australia and New Zealand*, November 2013, Position statement 80

Plan at a glance

Summary of the NSW Health Psychiatry Workforce Plan strategies

| | | | |
|--|--|---|--|
| VISION | A supported psychiatry workforce that meets the needs of people living with mental illness and their communities. | | |
| NSW Strategic Framework for Mental Health: Goals | Goal 1 - Holistic, person-centred care | | |
| | Goal 2 - Safe, high quality care | | |
| | Goal 3 - Connected care | | |
| Health Professionals Workforce Plan: Framework | Stabilising the foundations | Building blocks | Right people, right skills, right place |
| NSW Health Psychiatry Workforce Plan: Strategies | <ol style="list-style-type: none"> 1 Align the workforce with forecast demand and delivery requirements 2 Monitor the psychiatry workforce | <ol style="list-style-type: none"> 3 Attract and support the future psychiatry workforce 4 Support the psychiatry workforce to grow its management and leadership capability 5 Provide effective working arrangements 6 Support academic psychiatry to strengthen the workforce and the NSW psychiatry knowledge base | <ol style="list-style-type: none"> 7 Support development and growth of the rural psychiatry workforce 8 Embed innovative approaches to attract and retain psychiatrists to outer metropolitan, rural and regional areas 9 Strengthen connections between rural and metropolitan psychiatric services. |

The strategies

Stabilising the Foundations

| Strategies | Actions | Within 6 months | Within 12 months | 1-2 years | 2-5 years | Responsible |
|--|---|-----------------|------------------|-----------|-----------|------------------|
| 1 Align the workforce with forecast demand and delivery requirements. | 1.1 Undertake state-wide workforce modelling to identify psychiatry workforce requirements to 2035. | ✓ | | | | MOH (WPTD) |
| | 1.2 Link local workforce planning with workforce modelling. | ✓ | | | | LHD/SNs |
| | 1.3 Involve psychiatrists in design and implementation of local psychiatry workforce initiatives. | ✓ | | | | LHD/SNs |
| 2 Monitor the psychiatry workforce. | 2.1 Map the non-resident psychiatrist workforce providing mental health services in rural LHDs (e.g. via telehealth and fly-in, fly-out models) and identify the reasons for these different models of service. | ✓ | | | | MOH (WPTD) |
| | 2.2 Map the number and location of Staff Specialist, VMO, Clinical Academic psychiatrists, Career Medical Officers and overseas trained doctors undertaking fellowships working in NSW Health (by sub-speciality). | ✓ | | | | MOH (WPTD) |
| | 2.3 Monitor and report on the number of psychiatry vacancies in the NSW Health workforce. | ✓ | | | | MOH (WPTD) |
| | 2.4 Map the number and location of Stage 3 psychiatry sub-speciality training positions. | ✓ | | | | MOH (WPTD)& HETI |
| | 2.5 Review the NSW Health Your Training and Wellbeing Matters Survey and Medical Board of Australia Medical Training Survey results and undertake actions to address issues identified by the surveys. | | | ✓ | | |

Building Blocks

| Strategies | Actions | Within 6 months | Within 12 months | 1-2 years | 2-5 years | Responsible |
|---|--|-----------------|------------------|-----------|-----------|--------------------|
| 3 Attract and support the future psychiatry workforce. | 3.1 Promote a career in psychiatry to medical students. | | ✓ | | | RANZCP & HETI |
| | 3.2 Build on existing mentoring programs for prevocational trainees interested in a career in psychiatry. | | ✓ | | | RANZCP & HETI |
| | 3.3 Develop online educational resources for prevocational trainees in psychiatry rotations. | | | ✓ | | HETI |
| | 3.4 Develop a recruitment process to support recruitment of psychiatry trainees in their final year of training to enter specialist psychiatry roles in the NSW Health workforce. | | | | ✓ | HETI |
| | 3.5 Define the role of prevocational trainees in the psychiatric team to ensure they have a positive experience and gain valuable experience through exposure to an appropriate range of mental health conditions. | | | ✓ | | LHD/SNs/MOH (WPTD) |
| | 3.6 Increase the number of psychiatry terms in each prevocational training network by 30 per cent over two years to provide prevocational trainees (postgraduate year one and two) with psychiatry experiences before they choose a specialty training pathway. | | | | ✓ | LHD/SNs |
| 4 Support the psychiatry workforce to grow its management and leadership capability. | 4.1 Support local talent management and succession planning by identifying suitable psychiatrists to engage in mentoring or leadership programs. | | ✓ | | | LHD/SNs |
| | 4.2 Establish non-clinical training rotations for psychiatry trainees to support development of management and leadership skills. | | | | ✓ | LHD/SNs |
| | 4.3 Enhance clinical leadership forums by targeting psychiatrists working in leadership roles. | | | ✓ | | CEC & HETI |
| | 4.4 Develop a proposal to establish leadership scholarships to support leadership development in the trainee workforce. | | | ✓ | | MOH (MH) |
| | 4.5 Identify suitable leadership training and educational courses suitable for psychiatrists and psychiatry trainees and work to increase the range of training available. | | | | ✓ | HETI |
| | 4.6 Establish Mental Health Medical Staff Councils in each Local Health District/Specialty Network. | | ✓ | | | LHD/SNs |

Building Blocks

| Strategies | Actions | Within 6 months | Within 12 months | 1-2 years | 2-5 years | Responsible |
|---|---|-----------------|------------------|-----------|-----------|-----------------|
| 5 Provide effective working arrangements. | 5.1 Define roles and responsibilities in fractional workforces to promote clear reporting lines, clinical accountability, teaching and research responsibilities and continuity of care. | | ✓ | | | LHD/SNs |
| | 5.2 Ensure all new psychiatry team members (specialist, trainee, prevocational trainee or career medical officers) receive comprehensive orientation. | | ✓ | | | LHD/SNs |
| | 5.3 Implement tools to promote effective information sharing between clinicians (e.g. videoconferencing for team meetings). | | | | ✓ | LHD/SNs |
| | 5.4 Develop and implement policies and processes to ensure effective clinical handover at each stage of the patient journey and at each clinician handover point. | | | | ✓ | LHD/SNs |
| | 5.5 Review the industrial arrangements concerning the appointment of psychiatry trainees who have completed less than three post-graduate years. | ✓ | | | | MOH (WR) |
| | 5.6 Ensure that all Career Medical Officers working in mental health have yearly performance plans that identify their development needs. | | | ✓ | | LHD/SNs |
| | 5.7 Establish a Taskforce to analyse and review industrial arrangements to support new models of care, including extended hours service delivery models. | | | ✓ | | MOH (WPTD & WR) |
| 6 Support academic psychiatry to strengthen the workforce and the NSW psychiatry knowledge base. | 6.1 Strengthen local partnerships with education and research institutes to promote the clinical academic workforce in line with LHD needs. | | | | ✓ | LHD/SNs |
| | 6.2 Provide and promote opportunities for psychiatrists to pursue research and patient safety and quality improvement initiatives, including reviewing industrial mechanisms. | | | ✓ | | MOH & LHD/SNs |
| | 6.3 Promote trainee exposure to clinical research, patient safety and quality improvement initiatives and project management methods. | | | ✓ | | LHD/SNs |
| | 6.4 Promote active research areas in psychiatry to trainees to increase their involvement in academic activities including research and teaching. | | | | ✓ | LHD/SNs |

Right People, Right Skills, Right Place

| Strategies | Actions | Within 6 months | Within 12 months | 1-2 years | 2-5 years | Responsible |
|--|--|-----------------|------------------|-----------|-----------|-------------------|
| 7 Support development and growth of the rural psychiatry workforce. | 7.1 Promote access for rurally-based psychiatry trainee to metropolitan training rotations needed to meet their RANZCP training requirements. | | | ✓ | | MOH (WPTD) & HETI |
| | 7.2 Develop training forums for rurally-based trainees and rurally-based International Medical Graduates supported by technology. | | ✓ | | | RANZCP & HETI |
| | 7.3 Ensure consistent allocation and classification of rural training terms to improve distribution across NSW. | | | ✓ | | HETI & MOH (WPTD) |
| | 7.4 Clarify the role of Rural Generalists in the delivery of mental health services to rural communities and the training they require to meet these needs. | | | ✓ | | MOH (WPTD) & HETI |
| | 7.5 Promote NSW Health rural support programs, including scholarships, to rurally-based psychiatry trainees and monitor the number of scholarships awarded. | | | ✓ | | HETI |
| | 7.6 Enhance and promote connections between rural based psychiatry trainees, psychiatrists and International Medical Graduates. | | | | ✓ | MOH (MH) LHDs/SNs |

Right People, Right Skills, Right Place

| Strategies | Actions | Within 6 months | Within 12 months | 1-2 years | 2-5 years | Responsible |
|---|--|-----------------|------------------|-----------|-----------|-------------------|
| 8 Embed innovative approaches to attract and retain psychiatrists to outer metropolitan, rural and regional areas. | 8.1 Promote employment settings that help attract psychiatrists to meet the needs of rural communities. | | | ✓ | | LHD/SNs |
| | 8.2 Promote the use of technology to increase access to training and education and supervision in rural communities. | | | ✓ | | LHD/SNs |
| | 8.3 Investigate opportunities to support trainees to participate in formal training opportunities. | | | ✓ | | MOH (MH) |
| | 8.4 Consider options to support training in outer metropolitan locations (e.g. rotation length). | | | ✓ | | MOH (WPTD) & HETI |
| | 8.5 Create innovative service delivery options for the psychiatry workforce – encouraging collaboration with other specialties, provision of in reach to other non-mental health teams for consultation and management of complex individuals across the life span. | | | | | ✓ |
| 9 Strengthen connections between rural and metropolitan psychiatric services. | 9.1 Develop best-practice guidelines to ensure effective non-resident psychiatrist models in rural LHDs (e.g. via telehealth and fly-in, fly-out). | | ✓ | | | MoH (WPTD) |

APPENDIX

Agencies that responded to the *Discussion Paper: Developing the Psychiatry Workforce Plan*

Local Health Districts and Specialty Health Networks

Far West Local Health District

Hunter New England Local Health District

Illawarra Shoalhaven Local Health District

Justice Health and Forensic Mental Health Network

Mid North Coast Local Health District

Murrumbidgee Local Health District

Northern Sydney Local Health District

South Eastern Sydney Local Health District

Southern NSW Local Health District

Sydney Local Health District

Western NSW Local Health District

Western Sydney Local Health District

Other agencies

Agency for Clinical Information (ACI)
- including ACI Rural Health network

Australian Medical Association

Australian Salaried Medical Officers' Federation of NSW

Health Education and Training Institute

Mental Health Commission of NSW

NSW Association for Psychiatry Trainees
