

Overview of Programs/Activities/Research

1. Commonwealth Attorney-General's Department: Regional Innovations Program for Legal Services - RIPLS

In June 2008, the Australian Government announced the allocation of \$5.8 million over four years for the Regional Innovations Program for Legal Services (RIPLS). This is a new initiative to improve access to legal services for communities in regional, rural and remote Australia.

Under RIPLS, legal aid commissions are eligible to obtain funding for programs which take an innovative approach to improve service delivery in rural and remote areas.

There are fewer than three legal firms for every 10,000 people over 18 living in regional Australia. The participation of these firms in the legal aid system is vital. Nationally, 25 per cent of the annual funding provided by the Australian Government to legal aid commissions supports non-metropolitan law firms in delivering legal aid services. Maintaining the participation of the private profession outside metropolitan areas is becoming more and more difficult. The introduction of RIPLS recognises the important contribution of regionally-based law firms to the legal aid system in non-urban areas.

Legal aid commissions in New South Wales, Queensland, Western Australia and Tasmania have received funding under the RIPLS initiative to implement a range of proposals that will help with the recruitment and retention of lawyers in the regions.

- Legal Aid NSW plans to expand its Cooperative Legal Service Delivery Program to provide legal advice, minor assistance and community workshops, including monthly outreach clinics in five remote areas. It is also expected that Legal Aid NSW's current regional solicitor placement scheme will be extended to 14 regions, targeting the Far West, the South Coast and the Mid North Coast.
- Legal Aid Queensland will provide 10 new regional solicitor placements under its regional solicitor placement scheme. Funding will also support the Queensland Legal Assistance Forum—a regionally-based grouping of service providers, similar to Legal Aid NSW's Cooperative Legal Service Delivery Program.
- Legal Aid Western Australia is developing an e-learning online program. The program will help reduce professional isolation and enable regionally-based lawyers, both private and publicly-funded, to maintain their professional accreditation, without having to return to Perth for costly face-to-face training and development.
- The Legal Aid Commission of Tasmania will provide regular outreach services by private practitioners operating from Burnie, Devonport and Launceston to benefit the northern-central and northern-eastern areas of Tasmania and establish a regional young lawyers' network in these areas.

RIPLS is not intended to be the only way in which the Commonwealth is supporting the delivery of legal services in regional, rural and remote Australia. The Commonwealth welcomes proposals from legal aid commissions for the use of core legal aid funding to support regional service delivery. In recent years a number of new regional legal aid offices have been opened with Commonwealth support, including the Tennant Creek Legal Resource Centre in the Northern Territory, the legal aid office at Kununurra in Western Australia and the Mount Barker and Port Augusta offices in South Australia.

2. Law Council of Australia – Submission to Treasury January 2009

(http://www.lawcouncil.asn.au/shadomx/apps/fms/fmsdownload.cfm?file_uuid=F1AB81E6-1E4F-17FA-D2C5-DEBE4B470019&siteName=lca)

The Law Council considers that there is an urgent need for Government funding to address the problem of recruitment and retention of legal practitioners in rural, regional and remote (RRR) areas of Australia.

Research undertaken in recent years has concluded that there is a massive shortage of lawyers in RRR areas and that the numbers of legal professional working in country Australia are continuing to decline. The Law Council believes that country Australia is facing a crisis in the area of access to justice. Government initiatives are desperately needed to attract legal practitioners in RRR areas. Without such intervention the numbers of lawyers will continue to decline and this will have a massive impact on the legal aid system, which is already under significant pressure, and the justice system in these areas.

In 2008, in response to growing concerns from its constituent members and strong anecdotal evidence about a looming crisis, the Law Council established a Working Group to examine the problem of recruitment and retention of legal practitioners in RRR areas.

The Working Group is currently examining the most effective strategies to attract practitioners to the country and also to retain practitioners in these communities on a long term basis. It is considered that an effective solution to these problems will only be achieved through a range of strategies both at a grass roots and national level and in partnerships between government, community and private sector. The Working Group is to provide a comprehensive report on its findings to the Law Council's Directors in March 2009.

In its submission to Treasury, dated 16 January 2009, the Law Council outlined key initiatives that many be adopted by Government in order to alleviate these problems, including:

- repaying, completely or partially, HECS-HELP (or FEE-HELP) liabilities for law graduates and/or practitioners who work in RRR areas;

- the introduction of Government scholarships for students from country areas;
- monetary allowances, bonuses and/or subsidised or free housing for lawyers or graduates who relocate to RRR areas; and
- increasing opportunities for legal clinical placements in RRR areas for law students.

3. NSW - Regional Solicitors Program

(<http://www.legalaid.nsw.gov.au/asp/index.asp?pgid=672&cid=888&id=836>)

The Regional Solicitor Program was developed in late 2006 as one way of addressing difficulties in finding practitioners willing to do legal aid work in rural and regional areas. The Program provides salary subsidies, assistance with recruitment and relocation expenses and other incentives to firms that employ an additional solicitor, in return for that solicitor undertaking an agreed amount of legal aid work. Salary subsidies can be up to 75% of the salary, to a maximum salary of \$70,000. The Program is modelled on similar programs that have operated successfully in the United Kingdom and in Queensland.

Legal Aid NSW originally identified 20 possible locations for placement of regional solicitors. Two further towns were subsequently added to the list of locations. Firms in the identified locations were invited to submit an expression of interest, and ten locations were selected for inclusion. Solicitors were placed in Broken Hill, Batemans Bay, Bega, Murwillumbah, Moree, Taree, Cowra, Young and Dubbo. No expressions of interest were received for the tenth location, Port Macquarie.

Funding for the Program was received from the Public Purpose Fund, initially for two years. At the time the Program was established, it was determined that an interim evaluation would be conducted after 12 months and a final evaluation after two years. The consulting firm Urbis was selected to carry out the evaluation. Urbis produced the final report of the interim evaluation in early October 2008.

Since the original Public Purpose Fund monies were received, Legal Aid NSW has received funding from the Commonwealth under the RIPLS (Regional Innovations Program in Legal Services) initiative to establish the Program in four additional locations.

4. Regional Solicitor Program, Queensland

(www.legalaid.qld.gov.au/Careers/Regional+solicitor+program.htm)

Legal Aid Queensland (LAQ) introduced a 'Regional Solicitors Program' (RSP) in 2004. The aims of the program are to:

- address the departure of 'preferred suppliers' in regional Queensland due to recruitment and retention difficulties;

- encourage new graduates to work in regional areas;
- address the need for longer term solutions in relation to the availability of preferred suppliers.

The RSP is open to law graduates who have completed, or are about to begin, a Practical Legal Training (PLT) program. It is marketed through Queensland's law schools. The graduate is placed in a private law firm located in an area of regional Queensland in which there are insufficient preferred legal aid suppliers. LAQ pays the graduate's PLT course fee and up to 75% of a wage subsidy for a period of two years. The wage subsidy is proportional to the amount of legal aid work undertaken by the firm. The remainder is paid by the employer firm. The starting salary for graduates is \$40,000. When operating at full capacity, the average cost of the Program is \$500,000 per year, around \$37,000 per graduate.

Two evaluations of the RSP have been conducted; the first by Creative Sparks Pty Ltd in 2005. The evaluation found that the program was meeting its aims by addressing the immediate supply difficulties faced by LAQ and was helping to address the preferred supplier problem into the future by building goodwill and increasing the likelihood that at least some of the young solicitors will stay in regional Queensland. Private law firms indicated a high degree of satisfaction with the program. The evaluation concluded that firms were either breaking even or making a small profit from involvement in the program. Many firms also stated that the RSP was the determining factor in whether they would continue to undertake legal aid work or not.

The 2005 evaluation showed that LAQ benefited through reduced travel costs associated with the need to source solicitors from other locations (which could add as much as \$400-\$800 in travel costs), reduced costs associated with overtime payments as well as savings associated with reduced administration time in having preferred suppliers on tap in these areas. A later evaluation undertaken in 2007 found that the average length of placement was 18.8 months at an average cost of \$50,373.00. It concluded that the "scheme has played a key role in enabling continued service provision in areas prioritised by need."

It recommended that the scheme be permanently funded and an additional allocation of \$250,000 be made in 2007-2008. The evaluation also recommended that an additional \$5,000 bonus be offered as a financial incentive to the graduate if they remain working at a firm in that local community for a minimum of three years on a continuous basis. This was seen as a way of increasing the chances of the graduate remaining in the regional area. This was introduced following the 2007 evaluation. The evaluation indicates that of the 13 placements made at that time only three placements were continuing. 10 were not longer working with the firm (7 terminated during placement; 3 terminated after placement). The reasons given for termination included: unsatisfactory performance of the graduate, a change in the firm's "business direction", dissatisfaction of the graduate with

workload, graduate's feelings of isolation from their family and graduate having accepted a promotional opportunity elsewhere.

The evaluation report concluded by summarising several 'lessons' learnt from the program. These included the need for greater support for graduates in order to help them adjust to the challenges associated with relocation; (which was seen as the most significant factor in terms of the likelihood of the graduate remaining in the firm); the availability of peer support within the firm or region and clearer expectations of firms concerning graduate workloads, training and supervisory obligations. To this end, the evaluation also recommended that a position at LAQ be funded to manage placements and provide support to applicants and firms participating in the scheme.

5. Country Lawyers Graduate Program, WA

The Country Lawyers Program is a combined initiative of Legal Aid WA, Community Legal Centres, the Aboriginal Legal Service of WA, Indigenous Family Violence Prevention Legal Services, the Law Society of WA and the WA Legal Practice Board. Commencing in 2007, the Program is administered by Legal Aid WA and is aimed at improving the recruitment and retention of lawyers in regional and remote areas.

The Program has three streams:

- ***The Graduate Stream:*** This is a four-year program. In the first year, the graduates complete their Articles at Legal Aid WA in Perth before commencing fixed term regional placements in stakeholder agencies over the next three years. Whilst on their regional placements, the graduates continue to receive comprehensive professional support from the Program, which is co-ordinated by the Country Lawyers Program team based in Perth;
- ***The Open Stream:*** Like the graduates, practitioners are offered fixed term regional placements over a three-year period and continue to receive ongoing professional support from the Program. Prior to commencing their first regional placement, each practitioner spends up to four weeks at Legal Aid WA in Perth where they complete a tailored induction program to equip them to practice law in regional WA;
- ***The RRR Stream;*** The Program provides general assistance to all lawyers practising in regional, remote, and rural WA. This year the focus has been on assisting them to obtain mandatory continuing professional development points.

The Program adopts a one-employer model with Legal Aid WA as the employer. This model:

- Provides parity of working conditions across all agencies using Legal Aid WA's award as the benchmark (this gives participants access to subsidised housing, district allowances, salary packaging etc);
- Honours entitlements accrued and provides portability of conditions across the Program; and

- Achieves a seamless transition between placements.

After 12 months of operation, there are currently 22 lawyers in the Program across all regions of Western Australia. Eight 2008 Graduates are currently being mobilised into their first regional placements. Nine 2009 Graduates commence at Legal Aid WA in Perth on 4 February 2009. Five Open Stream lawyers are already in regional placements.

The Country Lawyers Program is being comprehensively independently evaluated in 2009.

6. National Association of Community Legal Centres: Law Graduates for CLCs in Regional Australia

In recognition of the difficulties centres faced by RRR centres in attracting and retaining lawyers, the National Association of Community Legal Centres (NACLC) has developed a project which is aimed at encouraging law graduates to work in regional CLCs as part of their Practical Legal Training (PLT) placement. NACLC has received funding for a one year feasibility study into the project, which commenced in September 2008.

The project aims are:

- to support law graduates living in regional Australia to gain the required professional development and satisfy the practical legal training requirements to be admitted as solicitors;
- to encourage those graduates to consider a career in CLCs in regional areas of Australia; and
- to increase the number of law graduates who elect to remain and work as lawyers in regional areas of Australia.

A pilot program of placements will commence in 2009.

7. Literature Review on Recruitment and Retention of Lawyers in Rural, Regional and Remote NSW by Trish Mundy, Griffith University July 2008 - Summary

(full copy available at <http://www.nrclc.org.au/SiteMedia/w3svc728/Uploads/Documents/RecruitmentRetentionOfLawyers.pdf>)

- The review considers the extent of the recruitment and retention problem in regional Australia, the potential factors which contribute to the problem and identifies what existing strategies are being utilised to address the problem
- For many smaller and more inland communities, access to lawyers is particularly difficult
- There are insufficient lawyers in communities experiencing rapid population growth
- Among the issues, lack of career development opportunities, professional isolation, changing employment patterns of younger lawyers and the changing demographics within the profession were recognised as factors contributing to the recruitment and retention problem
- A graduate with family ties to a particular area or a graduate who undertakes their law degree at a regional university is more likely to return to that RRR area to practice than a person who has not had this experience
- More resources need to be targeted to regional universities offering programs in law
- There is also a need to create opportunities within the undergraduate and PLT programs for rural clinical placements to allow students to experience what it is like to live and work in an RRR area
- For younger lawyers, salary was not as important a factor as perceptions of how best to achieve work/life balance and career satisfaction
- Appear to be very damaging perceptions that practice in a RRR area is of lesser professional value
 - These myths need to be dispelled as can affect desire to work and remain in RRR area
- Also key factors were increased costs associated with rural practice such as travel and disbursements

- CLCs' problems in attracting and retaining staff can be directly attributable to inadequate funding levels which must be addressed in order to reduce burnout and the 'exploitative' working conditions faced by CLC workers
 - Also high workloads
- Key strategies include the 'Regional/Rural Solicitor Schemes' (RSS) established by the legal aid bodies in Queensland, NSW and WA which involved the provision of financial incentives as an 'access to justice' measure (see below)
- HECS Fees also a factor for new law graduates
 - In medicine they waive HECS fee when work in RRR areas
 - Very real consideration for new graduates
- By providing students with a positive experience in a RRR area, research findings show that they will be more likely to return to a RRR area to practice
- It is probable that most RRR placements are taken up within the context of undergraduate studies in regional universities
- However, city and metropolitan-based law schools should be encouraged to promote and provide student placements opportunities in RRR areas as part of clinical program
- There is a need to consider
 - Ways to increase RRR participation in law studies
 - Ways to create more opportunities for clinical placements in RRR areas as part of the undergraduate and PLT experience

8. Evaluation of rural retention GP programs in Australia – literature review

Maureen Ward, Law and Justice Foundation of NSW, November 2008.

Cadetships

Postgraduate medical placements in rural areas: their impact on the rural medical workforce, JS Dunbabin, K McEwin & I Cameron, *Rural and Remote Health*, vol. 6 (Online), no. 481, April, 2006, pp. 10

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=481>

Description

In 1988, the NSW Department of Health developed the NSW Rural Resident Medical Officer Cadetship Program to help overcome a junior doctor workforce shortage in rural hospitals. A second aim was to increase recruitment to the rural medical workforce on the basis that positive exposure to rural medicine increases the likelihood of choosing to practice in a rural location. The Cadetship Program offers bonded scholarships which provide

financial support for residents of NSW studying medicine during the final 2 years of their medical degree. In return, cadets are contracted to complete 2 of their first 3 postgraduate years in the NSW rural hospital network.

Method

The purpose of this evaluation was to track the career choice and practice location of medical students entering the Cadetship Program before 1999, and to comment on the impact of the Program on the rural medical workforce in NSW to date, and its implications for the future workforce. The career choice and practice locations of 107 medical students who received cadetships between 1989 and 1998 were tracked. Students who did not graduate from medical school or who did not complete their rural service were excluded from the analysis. Career choice was not available for a further nine former cadets and they were also excluded from the analysis. The NSW Rural Doctors Network was the major source of data on career choice and practice location. Two brief questionnaires targeting specific groups of cadets were used to fill knowledge gaps about where cadets grew up, what vocational training they undertook, and where they were working in 2004.

Results

As a result of the Program 140 junior doctors have worked in the rural hospital network in NSW and 111 of those have done so for two years. Responses to questions asked during exit interviews suggest that less than half would have done so without a cadetship. 43% of cadets entering the Program before 1999 were working in rural locations in 2004 (compared with 20.5% of medical practitioners nationally), 46% had attended primary school in a rural location and 44% chose to specialise in general practice. Career choice was the major determinant of practice location. Having a rural background did not appear to influence practice location; whereas, those specialising in general practice made up 70% of this cohort of cadets working in rural areas. All general practice trainees were in rural locations compared with only two of the 25 trainee specialists, which reflects the availability of accredited training places in rural Australia. Many of the participants are advocates of the Cadetship Program and a number have done locums in rural areas.

Conclusion

The Cadetship Program, which ensures junior doctors work for 2 of their first 3 postgraduate years in a rural allocation centre, is an effective link between medical school and rural practice, particularly rural general practice. Providing vocational training opportunities in rural locations is central to this success.

See also

Junior doctors working in rural NSW: an evaluation of the NSW Rural Resident Medical Officer Cadetship Program, J Dunbabin, NSW Rural Doctors Network, Newcastle, 2004 (NSW)

http://www.nswrdn.com.au/site/index.cfm?leca=275&module=FILEMANAGER&did=26071&page_category_code=2861&page_id=92038

Student placements

Do benefits accrue from longer rotations for students in Rural Clinical Schools?, H Denz-Penhey, et al., Rural and Remote Health, vol. 5 (Online), no. 1, April June, 2005, pp. 8

<http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=414>

Description

The Australian Government provided funding for Rural Clinical Schools to provide rural clinical experience to medical students. The strategy aims to acculturate students into rural living with the long-term outcome of increasing the availability and viability of rural health services. This article discusses findings from evaluations of three different approaches to students' placements at Rural Clinical Schools: (1) students based long term in one centre (with only a few days away at a time); (2) students based long term in one centre with short-term rotations of 3-6 weeks away from home base; and (3) week rotations without a home base.

Method

Data was collected through questionnaires, one-on-one interviews and data on incidents that occurred during the year. Students were asked about what worked or what did not work, how they experienced the curriculum and issues relating to their general experience of living and working in the rural community.

Results

Most students preferred having a home base in one centre with as little time as possible away from that centre, while recognising that sometimes the requirement to go and learn elsewhere was useful. The reasons for this were three-fold: academic, clinical and social. Students with a home base used their learning opportunities qualitatively differently from those students who had 6 week rotations. Their learning became self-directed and students sought opportunities to extend and consolidate areas of need. A longer rotation allowed students to become known to their teachers. Students then become full participating members of the healthcare team, rather than observing learners. All students with a home base actively participated in a wide range of community activities outside their role as medical students. Those students undertaking short rotations without a home base seldom connected in the same way to any rural community.

Conclusion

Short rotations are likely to be less optimal than longer rotations for building future workforce capacity. Our results suggest that the opportunity to acculturate students into the rural lifestyle is lost when students' placements are insufficiently long for them to put down roots in their community, and to understand how to 'live' there more broadly. Good rural experiences and teaching and learning opportunities are not sufficient in themselves. Students' emotional attachment to rural living comes from experience related to time and the connection to local people that comes as a result of time spent in the community. Students on short rotations do not make that local connection.

Does recruitment lead to retention? Rural clinical school training experiences and subsequent intern choices, D Eley & P Baker, Rural and Remote Health, vol. 6, no. 1, January-March, 2006, pp. 13 (Qld)

<http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=511>

Description

Australian Rural Clinical Schools, established nationally in 2000-2001, have provided an opportunity for medical students to undertake their clinical training

across a network of hospitals, general practice surgeries and community medical centres in locations throughout Australia. The Rural Clinical School at the University of Queensland provides a four-year graduate program. Students may elect to train in their 3rd and/or 4th year in one of three clinical divisions, Central, Southern (both based in Brisbane) or Rural which comprises teaching sites in south west Queensland and central Queensland region. Training must be of an equivalent nature throughout these three divisions, because students all sit the same examinations.

Method

In order to evaluate students' perceptions of their medical education at the RCD a questionnaire, a 'Year 4 Exit Survey', was developed to evaluate medical student perceptions of their 4th year experience. Coupled to this was an analysis of internship choices to evaluate medical graduate retention.

Results

Overall there was a high degree of student satisfaction with all aspects of their medical education. However there was a discrepancy between these findings and subsequent internship choices. Six of the 26 students elected to stay at their respective rural teaching hospitals to begin internship training. Students were asked to list the most important reasons for making this decision, in order of importance. These included family matters, social life, and inadequate level of workplace support, inadequate professional development and poor career prospects.

Conclusions

Provision of positive rural training experiences and quality medical education has been shown to increase interest in rural medicine and encourage a desire to pursue a medical career in a rural area. However a quality undergraduate rural medical education does not guarantee immediate transition to rural internship. If the ultimate goal of improving the rural medical workforce is to be achieved, the present high levels of recruitment by the Rural Clinical Schools and their provision of a positive rural training experience must be matched by a supportive clinical workplace environment. Studies are needed to look more closely at the transition period between medical graduate and intern.

Rural Undergraduate Support and Co-ordination (RUSC) Program guidelines 2002-05, Department of Health and Ageing?, School of Medicine, Flinders University?, 2002

<http://som.flinders.edu.au/FUSA/GP-Evidence/rural/frame/RUSC%20program%20guidelines%202002-5.pdf>

Description

The Rural Incentives Program is a long term initiative to increase the number of medical graduates adopting a career in rural and remote practice. It is based on the premise that selection of students for medical school from rural locations, increased exposure to rural medicine during the undergraduate course, and enhanced support for students and rural educators would lead to more doctors adopting a career in rural medicine.

Method

While there was some emphasis on evaluating the extent to which medical schools had met the nine key targets, the report also evaluated the program as part of a continuum of medical education, training and career choice.

Results

The evaluation found that the Program has had a considerable impact, for a relatively small outlay, on increasing the quality of rural medicine education and the rural experience for students. It has acted as a catalyst for change and deserves to be enhanced and receive continuing support. The evaluation found that there has been significant progress across universities in increasing the number of rural origin students; increasing the number of students seriously considering rural practice as a career option; and improving the integration of rural health issues in medical curricula. In addition the evaluation found that rural health clubs have supported and raised the profile of rural medicine and that support for students and GP educators has assisted in integrating medical education more closely with rural practice.

Where is the evidence that rural exposure increases uptake of rural medical practice?, G Ranmuthugala, et al., *Australian Journal of Rural Health*, vol. 15, no. 5, October, 2007, pp. 285-288

<http://www3.interscience.wiley.com/journal/118489121/abstract?CRETRY=1&SRETRY=0>

Australian Government initiatives to address medical workforce shortages in rural Australia include increasing the intake of students of rural background and increasing exposure to rural medicine during training. Rural-orientated medical training programs in the USA that selectively admit students from rural backgrounds and who intend to practise as family practitioners have demonstrated success in increasing uptake of practice in rural/underserved areas. However, in examining the specific contribution of rural exposure towards increasing uptake of rural practice, the evidence is inconclusive, largely due to the failure to adjust for these critical independent predictors of rural practice. This paper identifies this evidence gap, examines the concept of rural exposure, and highlights the need to identify which aspects of rural exposure contribute to a positive attitude towards rural practice, thereby influencing students to return to rural areas. The cost of rural exposure through student placements is not insignificant, and there is a need to identify which aspects are most effective in increasing the uptake of rural practice, thereby helping to address the medical workforce shortage experienced in rural Australia.

The impact of medical students on rural general practitioner preceptors [instructors], LS Walters, et al., *Rural and Remote Health*, vol. 5 (online), no. 403, 2005, pp. 16

<http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=403>

Description

As universities rely more heavily on rural GPs to instruct medical students, the formation of symbiotic partnerships benefiting students, universities and GPs becomes imperative. In order to develop and consolidate these partnerships Universities must understand who their rural GP instructors are and how this impacts on them.

Method

A review of the literature was undertaken to determine the significant themes of student impacts.

Results

Impacts were categorised into six domains: personal; time; patient care; professional relationships and professional development; business and infrastructure; and recognition and remuneration.

Conclusions

Literature specifically addressing the impact of instructing students on rural GPs is scarce. Further studies are required to evaluate the relationship between the quality of teaching delivered to students, the type and length of student attachments and the likely impacts on rural GPs.

Financial incentives

Review of the Rural Retention Program: final report, P Gibbon & J Hales, Department of Health and Ageing, Canberra, 2006

[http://www.health.gov.au/internet/main/publishing.nsf/Content/751B9B296D05A4C8CA25741E0079E487/\\$File/review.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/751B9B296D05A4C8CA25741E0079E487/$File/review.pdf)

Description

The key objective of the Rural Retention Program (RRP) is to provide financial incentives to long-serving doctors in rural and remote areas experiencing difficulties in retaining General Practitioners. The Program is designed to recognise long-serving doctors in these locations and provide incentive payments to them in order to encourage them to stay longer.

Method

A review of a range of documentation and reports and consultations with RRP grant recipients and other key stakeholders.

Results

There has been a steady increase in RRP recipient numbers, from 1,713 in 1999-00 to 1,990 in 2004-05. The amount has increased from \$11.8 million in 1999-00 to \$19.9 million in 2004-05, an increase of 70%. The RRP is recognised by grant recipients and key stakeholders as a relatively effective retention strategy that has had a significant impact on rural and remote GP morale. Publicity for the Program is primarily channelled through the Rural Workforce Agencies, and could be improved, particularly with regard to early notification of grant eligibility. Early awareness of the RRP is thought to be critical to the Program's effectiveness. Medicare Australia's administration of the CPS is perceived by stakeholders to be a major factor in the efficient management of the CPS. The inability of purely financial incentives to address many of the issues facing rural and remote practitioners is perceived to be a major shortcoming of the Program. The decreasing value of the grants in real terms is increasingly perceived to be a barrier to the RRP's continued relevance and success and even simply maintaining the grant quantum at current levels may have negative consequences for GP morale. There are diverse views regarding whether the Program should include practitioners who provide services on a fly in- fly out or other non-residential basis. The most pressing need is for the collection of baseline data, profiling all GPs practising in each of the five GPARIA categories. Consideration should also be given to collecting data on all medical practitioners (i.e. including doctors who are not in general practice) who provide medical services to rural and remote communities, regardless of their eligibility for an RRP grant.

Conclusion

The RRP as it currently operates contributes to the retention of rural and remote GPs. The Program's key impact is on GP morale, as the current quantum is widely regarded as being insignificant, particularly with regard to supporting long-term retention in the more remote regions. Most practitioners would continue in rural or remote practice for lifestyle reasons even if the RRP ceased. However cessation of the Program would have consequences for service provision, particularly in more remote locations, as some practitioners would leave rural or remote practice if the RRP was withdrawn.

Training

Support Scheme for Rural Specialists (SSRS) Project evaluation final report Round 5 July 17 2006. Report to the Australian Government Department of Health and Age: executive summary, FK Lambkin, et al., Hunter Institute of Mental Health, Newcastle, 2006

<http://www.ruralspecialist.org.au/editor/docs/R5%20executive%20summary%20report%20extract.pdf>

Description

The Support Scheme for Rural Specialists aims to improve access to Continuing Professional Development activities for specialist medical practitioners living and working in regional, rural and remote Australia. The Program is a joint initiative of the Committee of Presidents of Medical Colleges and Department of Health and Ageing and is funded by the Australian Government.

Results

Key outcomes of the scheme for Round 5 included the development and evaluation of new resources; combination of training methods; increased access to range of technologies; development of a number of prototypes for rural Continuing Professional Development; improved communication; increased collegiality; increased inter-professional multidisciplinary collaboration; and in some cases measurable impact on clinical practice. Specialists reported that CPD was at least of moderate importance in their decision to commence or continue work in a rural/remote location. Other issues (such as family and work demands) were also given importance in this decision. However, providing access to CPD would only positively impact on a decision to work in a rural/remote area in 38% of cases, perhaps indicating the importance of these other issues.