



The Coalition's plan for real action
to boost the
Regional Health Workforce

**Stand up for Australia.
Stand up for real action.**

EXECUTIVE SUMMARY

The Coalition is committed to addressing the disparity in health services between metropolitan and regional areas.

The Coalition recognises that one of the most significant obstacles to medical care in regional areas is a shortage of medical staff. We will encourage medical professionals to relocate to areas of workforce shortage.

To increase the size of the regional health workforce and to provide regional patients with access to quality healthcare, a Coalition Government will:

1. Double the number of Medical Rural Bonded Scholarships

The Coalition will double the number of bonded scholarships under the *Medical Rural Bonded Scholarships* scheme from 100 to 200.

2. Create 100 scholarships for regional Nurse Practitioners

The Coalition will increase the scholarships available for registered nurses in regional and remote areas to pursue qualifications to become Nurse Practitioners. The Coalition will fully fund 100 university places for nurses working in regional areas to undertake their training.

3. Pay a \$10,000 annual bonus to Nurse Practitioners who practice in regional towns with no resident medical practitioner

The Coalition will introduce an annual \$10,000 bonus to Nurse Practitioners who choose to practice in remote regional towns.

4. Pilot a bonded scholarship scheme for rural and regional dentists

The Coalition will pilot a rural bonded scholarships scheme for dentists. 20 scholarships will be offered on similar terms to the Medical Rural Bonded Scholarships programme for a period of four years.

HOW LABOR HAS FAILED

After three years of Labor, Australia is heading down the wrong track.

Reckless spending, nearly \$90 billion of debt, a \$57 billion deficit and Labor Government borrowings of more than \$100 million every day have put the Australian economy in a highly vulnerable position.

Labor's debt has put upward pressure on interest rates at a time when Australian families are struggling to meet increased costs of living.

Labor's waste and mismanagement has also led to limited investment in health services in rural and regional Australia.

In 2007, Prime Minister Julia Gillard promised to *'improve health services and end the blame game'*.¹

In Government the blame game continues. Rather than taking real action, Labor has undertaken a range of reviews in health.

Labor promised 36 GP Super Clinics. In Government it has only delivered three.² It will be years before the 36 promised Super Clinics are fully operational.

Regional Australia has borne the brunt of Labor's broken promises on GP Super Clinics.

At the last election a number of regional centres were promised Super Clinics including: Mount Isa, the Riverina, Wallan, Cairns, Queanbeyan, Bundaberg, North Central Coast of NSW, Grafton, Gladstone, Emerald and Palmerston.³ Labor has failed to deliver for all of these regional centres.

Labor promised to return 7,750 public hospital nurses to the workforce but only 366 nurses returned after the first year of operation (2008). Labor scrapped the scheme in this year's Budget and redirected resources.

Out of 1000 nurses Labor promised would return to aged care, only 150 had at the time the scheme was closed on 11 May 2010.

1. ABC TV, 'Julia Gillard Speaks to Insiders' *Insiders*, 18 November 2007 at <<http://www.abc.net.au/insiders/content/2007/s2093951.htm>>

2. Clinics have been delivered in Strathpine, Ballan and Port Stephens: Department of Health and Ageing, *GP Super Clinics: 2007-08 Election Commitment*, June 2010 at <<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics-electioncommitment>>.

3. ALP Policies 2007 <<http://pandora.nla.gov.au/pan/22093/20071124-0102/www.alp.org.au/policy/index.html>>.

THE COALITION'S REAL ACTION PLAN TO BOOST THE REGIONAL HEALTH WORKFORCE

The Coalition's real action plan will provide regional communities with the support they need to address the shortage of medical professionals and access to quality healthcare.

One of the biggest issues for medical care in rural areas is a shortage of medical staff. Encouraging people to relocate to areas of workforce shortage is critical in addressing the disparity in health services between rural and metropolitan areas.

Specifically, the Coalition will:

1. Double the number of Medical Rural Bonded Scholarships

The Coalition will double the number of bonded scholarships under the *Medical Rural Bonded Scholarships* scheme from 100 to 200.

These scholarships offer \$24,207 per annum for students who study medicine and commit to a bonded term of six years in a rural community. However, the length of the bonded term is a significant deterrent to its uptake. The Coalition will reduce the length of the bonded term to three years. The scholarships will apply for the duration of the student's course.

Regional areas face a shortage of doctors. The overall number of medical practitioners employed per 100,000 people was 335 in major cities, but only 181 in inner regional areas, 153 in outer regional areas and 148 in remote or very remote areas.⁴

The Coalition will provide an additional \$10 million over four years towards the enhanced Medical Rural Bonded Scholarships programme.

2. Fund 100 additional scholarships for rural and regional Nurse Practitioners

The Coalition will increase the scholarships available for registered nurses in regional and remote areas to pursue qualifications to become Nurse Practitioners.

The previous Coalition Government had considerable success in boosting remote nursing numbers, with the ratio rising from 939 nurses per 100,000 people in remote areas in 1997 to 1,081 per 100,000 in 2005.⁵

4. Australian Institute of Health and Welfare, *Rural, Regional and Remote Health: Indicators of Health System Performance*, September 2008, chapter 3.5.2 < <http://www.aihw.gov.au/publications/phe/rrrh-ihsp/rrrh-ihsp.pdf> >

5. Ibid.

The Australian Nursing and Midwifery Council defines a nurse practitioner as: *'...a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role'*. Nurse Practitioners can prescribe medicines, order diagnostic tests and refer patients to specialist doctors.⁶ One of the pathways to becoming a Nurse Practitioner is through post-graduate education.

The Federal Government funds scholarships of up to \$15,000 per annum for two years full-time study or the part-time equivalent for the duration of their course.⁷ The Coalition's policy will fund an additional 100 scholarships for nurses and midwives working in regional and remote areas to undertake postgraduate training to become Nurse Practitioners.

The Coalition will provide \$3.1 million over four years towards this programme.

3. Pay annual bonuses to Nurse Practitioners in regional towns

A substantial number of small regional centres do not have resident medical practitioners because of the difficulty of establishing economically viable practices in these areas. The Coalition will introduce an annual \$10,000 bonus for up to 300 Nurse Practitioners who choose to practice in these centres. It is envisaged that the bonus will be provided to Nurse Practitioners who choose to practice in remote communities that have no resident medical practitioner.

The Coalition will provide \$12 million over four years towards the cost of this programme.

4. Introduce a pilot bonded scholarship scheme for dentists

According to the National Rural Health Alliance:

*'There are 55 dentists per 100 000 people in the major cities compared with 17 per 100 000 in western New South Wales and even less in remote Queensland. In many parts of Australia people have to wait up to four years for non emergency public dental treatment.'*⁸

To address the shortage of dental care in rural areas, the Coalition will pilot a rural bonded scholarships scheme for dentists.

An initial 20 scholarships will be offered on similar terms to the Medical Rural Bonded Scholarships. The Coalition will consider funding additional scholarships, subject to evaluation of progress of the pilot scheme.

The Coalition will provide \$2 million over four years towards this initiative.

6. Australian Nursing and Midwifery Council, *Competency Standards for the Nurse Practitioner* (2006) 1.

7. See for example the *Nursing and Allied Health Scholarship and Support Scheme: Postgraduate*.

8. National Rural Health Alliance, *Rural and Remote Health is Everyone's Business*, (2010) 10 at < <http://nrha.ruralhealth.org.au/election2010/docs/Election-Charter-2010.pdf>>.

COSTINGS

The Coalition will commit an additional \$27.1 million over the forward estimates towards these measures to boost the regional medical workforce.

This funding will be provided from the more than \$24 billion in recurrent savings that have been identified by the Coalition over the forward estimates.

These savings are a result of cutting Labor's waste and mismanagement and redirecting funding from inefficient and poorly performing Labor Government programmes.

	2010-11 \$M	2011-12 \$M	2012-13 \$M	2013-14 \$M	TOTAL \$M
Medical Rural Bonded Scholarships	2.5	2.5	2.5	2.5	10
Rural and regional nurses programme	0.775	0.775	0.775	0.775	3.1
Annual bonuses for nurse practitioners	3.0	3.0	3.0	3.0	12.0
Dental rural bonded scholarships pilot	0.5	0.5	0.5	0.5	2.0

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