

# Higher Education Loan Program (HELP) Debt Reduction Scheme: Ideas, Concerns and Perspectives of the NRHSN Student Body

June 2022

Authors: Madeleine Brown, Baneen Alrubayi, Nicola Murphy and Jean-Baptiste Phillibert

*the future of rural health*

## Executive Summary

In late 2021, the federal government announced the implementation of the *HELP Debt Reduction for Rural Doctors and Nurse Practitioners* scheme, as a means of addressing the shortage of medical professionals throughout rural, regional and remote Australia.<sup>1</sup> As part of the initiative, eligible health professionals located in communities ranked three to seven according to the Modified Monash Model (MMM) for rurality may have up to 100% of their Higher Education Loan Program (HELP) Debt reduced, depending upon a variety of factors. At the time of publishing this paper, the scheme remains applicable only to general practitioners and nurse practitioners, as a means of “(building) on programs and incentives already in place to encourage privately practicing doctors and nurse practitioners to live and work in rural, remote or very remote areas of Australia...”

As the peak representative body for students across *all* sectors of rural health, the National Rural Health Student Network (NRHSN) feels compelled to highlight the ideas, concerns, and perspectives of the future rural workforce of Australia. Considering the 2021 announcement, we surveyed our student body to gain insight regarding the strengths and pitfalls of the proposed program, as per the workforce to which it is targeted.

A total of 253 results were collected from the qualitative survey distributed to our members, the majority of whom expect to enter the workforce in the next two years. Amongst those surveyed were students studying medicine, nursing, midwifery, physiotherapy, exercise physiology, occupational therapy, pharmacy, podiatry, paramedics and psychology. The factors that students identified as inspiration to practise in regional, rural and remote communities were reflective of the current body of literature, with personal background and perceived superior quality of life being major influences. Similarly, the barriers identified by our student body for working in such communities were synonymous with those documented in the literature: impaired access to resources, specialty training programs demanding relocation to metropolitan areas and family / spouse commitments.

Throughout the results, there was a unanimous agreement that the *HELP Debt Reduction for Rural Doctors and Nurse Practitioners* scheme may be most appealing to students and healthcare workers with a prior interest in regional, rural and remote health. However, our findings suggest that the scheme is unlikely to attract those with no prior exposure, interest or professional reason to relocate to outside of metropolitan areas. This demands a greater focus on maximising prevocational exposure to regional, rural and remote medicine, through longitudinal placement programs and other training pathways.

Furthermore, we do not believe that the current program is reflective of the modern understanding and practise of healthcare. Optimising the health of both individuals and communities requires a multi-faceted approach, something that can only be achieved by engaging multiple sectors of healthcare. We, as an organisation believe, that all healthcare workers, allied health included, should be recognised as equal and valuable players towards creating a unified and sustainable workforce. The scheme as it currently stands, only widens the divide between medical and allied health staff by emphasising that only a small proportion of healthcare workers are eligible for financial benefits.

Lastly, financial incentive can only be one piece of the puzzle. The issue of workforce shortage in regional, rural and remote Australia is extremely complex and rooted in lack of staff support, education and resources.<sup>3</sup> There is evidence to suggest that these factors are detrimental to the wellbeing of employees and must be addressed appropriately to maintain a sustainable future workforce.

We write this report not to completely disregard the efforts that are being made to improve access to healthcare throughout regional, rural and remote Australia, but to highlight the areas that require ongoing improvement and consideration, as articulated by the people who will shortly *be* the workforce.

## Introduction

The National Rural Health Student Network (NRHSN) is one of the peak representative bodies for medical, nursing and allied health students in Australia. We advocate for those with an interest in pursuing careers in the rural health sector, and with a student body of over 11,000 members from 28 Rural Health Clubs (RHCs), the NRHSN is amongst the largest student-led organisations in the health sector.

The NRHSN is an initiative of the Australian Government Department of Health, administered by the Consortium of Rural Workforce Agencies (RWAs). The NSW Rural Doctors Network is the RWA managing the NRHSN on behalf of the consortium.

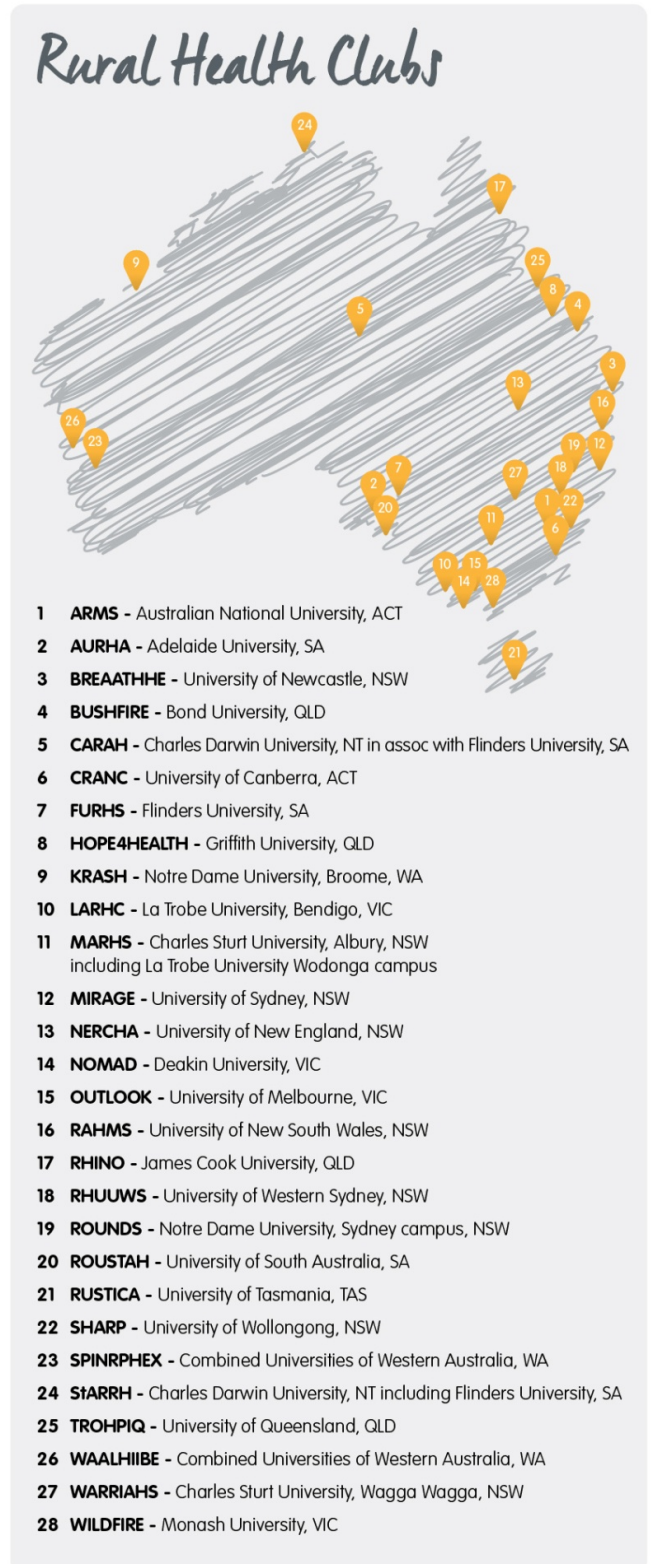
The overarching priorities that dominate all of the NRHSN's work include:

1. To provide a voice for students who want to improve the health of rural and remote Australians
2. To promote rural health careers to students and encourage those who are interested in pursuing them

In 2022, one of our major priority areas is to represent students across *all* sectors of health, including allied health, in accordance with the changing climate of modern-day health care. Health is becoming increasingly recognised as a multi-faceted concept requiring a multi-disciplinary approach. Whilst the current systems and structures epitomise doctors as the main players of the health and wellbeing game, growing workforce shortages alongside increasing rates of chronic disease, our ageing population and expanding mental health crisis mean that doctors alone are no longer capable of being the sole providers of health. Our health system as it currently stands is crumbling, and it is Australia's already under-serviced communities that are amongst the most heavily affected.

## Background

Over the last few decades, numerous schemes have been introduced by various governments in an attempt to address the growing medical shortages in the rural workforce. Amongst the most recent policies is the *HELP Debt*



*Reduction for Rural Doctors and Nurse Practitioners*, announced in late 2021 by the previous government.<sup>1</sup> As part of this scheme, eligible doctors and nurse practitioners will be encouraged to live and work in rural, remote or very remote areas of Australia, with an offer from the Australian Government to reduce their outstanding Higher Education Loan Program (HELP) debt, provided they meet the eligibility criteria and their obligations to complete the required amount of eligible work. This initiative also allows for the waiver of indexation on outstanding HELP debts for eligible doctors and nurse practitioners while they are residing in and completing eligible work in a rural, remote or very remote area.<sup>1</sup>

The NRHSN feels compelled to voice the ideas and concerns of our student body as a means of potentially informing and influencing future changes to national workforce priorities. In line with our 2022 major priority area, the NRHSN recognises that the health system requires a multi-disciplinary approach, and this new initiative fails to address this issue. Prior to the Federal Election in May 2022, the NRHSN surveyed our members to ensure our advocacy is representative of our members’ views.

## Survey Results

Throughout March and April of 2022, the NRHSN distributed an online survey to our student body, requesting their ideas and concerns in relation to the *HELP Debt Reduction* scheme. We received an astonishing 253 responses from students studying medicine, nursing, physiotherapy, occupational therapy, midwifery, pharmacy, podiatry and radiography, amongst other allied health degrees. The majority of the students who responded will enter the workforce within the next 2 years (36% expected to graduate in 2022 and 24% expected to graduate in 2023), thus the results are highly reflective of the upcoming body of future health employees.

### Likelihood of pursuing a regional, rural or remote health career

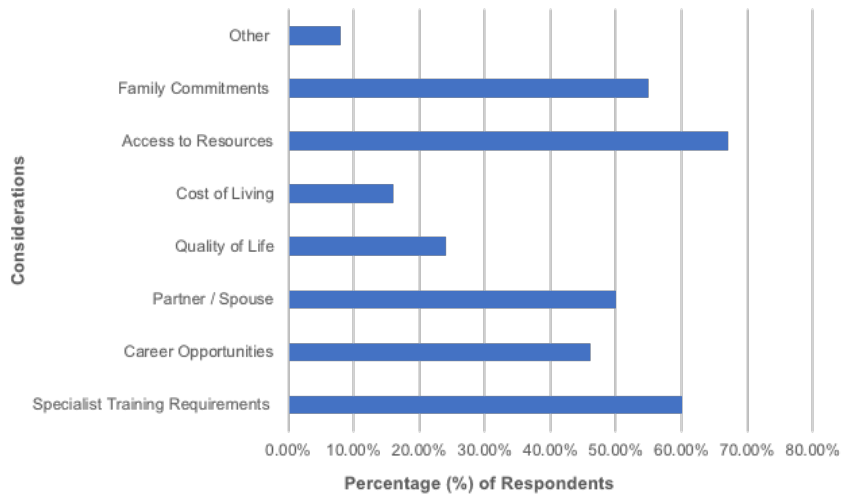
When asked to rate the likelihood of pursuing a career in regional, rural or remote Australia (MM3-7) *prior* to the introduction of the *HELP Debt Reduction* scheme, 34% of participants stated they were “extremely likely,” 43% responded “likely,” 13% responded “neither likely nor unlikely,” 8% responded “unlikely,” and 1% responded “very unlikely.” Whilst the prospect of HELP debt reduction shifted a greater proportion of respondents into the field of being “extremely likely” or “likely” to work in MM3-7 areas, we found that the likely distribution of these potential workers remained largely unchanged. In terms of areas to which participants would be most willing to dedicate their services, the results before and after consideration of the scheme were much the same.

|          | <b>Before Consideration of the Scheme</b> | <b>After Consideration of the Scheme</b> |
|----------|---|--|
| Regional | 80%                                       | 82%                                      |
| Rural    | 75%                                       | 71%                                      |
| Remote   | 50%                                       | 45%                                      |

### Perceived barriers for pursuing regional, rural or remote work

When asked to consider what factors act as a barrier to pursuing a career in regional, rural or remote health, the answers of the respondents were very much consistent with the current understanding of barriers cited by the literature, with reduced access to resources, concerns with pursuing specialist training programs and commitments to partners, spouse and family being the greatest detrimental factors.

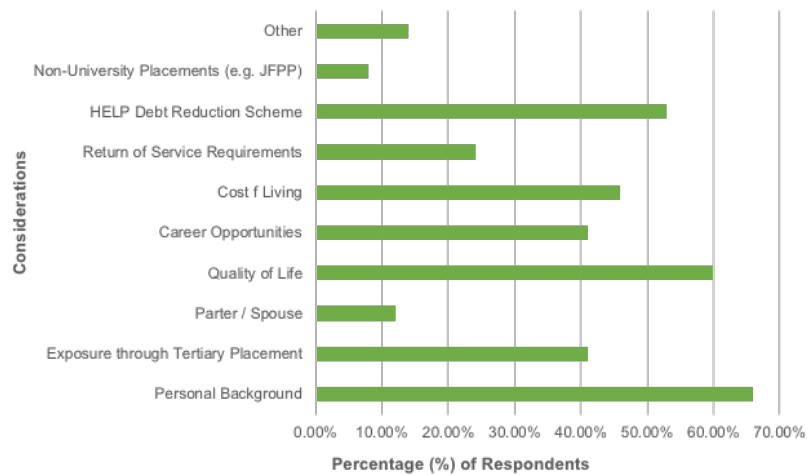
### Perceived Barriers for Entering the Regional, Rural and Remote Workforce



### Factors that promote future work in regional, rural or remote areas

Similarly, the factors that respondents listed as inspiring them to pursue a regional, rural or remote career were reflective of the current body of evidence. Being of a regional, rural or remote background was cited as the strongest predictive factor, with quality of life and previous exposure through university placements also providing significant leverage.

### Factors that Facilitate Choice to Enter the Regional, Rural and Remote Workforce



## The Student Voice



*What do you perceive to be the benefits of this proposed program?*

"I think this program is a good incentive for getting health professionals working in rural areas ... however, this program is not beneficial for me as a health professional, as I am studying an allied health degree"

"Yes, it is positive, but you can't stop there ... Hospitals need to supply positive and support work environments"

"I believe this scheme will be effective for those on the fence about working rurally, but I don't know if it would change people's minds if they were set on working metro"

"It's a nice idea but we already have many schemes available for med and nursing .. Allied health need the funding more"

"I think that the scheme will benefit people like me, who were already intending on working in rural / remote communities ... this won't change the situation for people who don't want to work in these areas"

"I see it as a highly positive program. It ensures rural communities are attracting highly qualified medical staff. I may not be eligible for the scheme, but it would be a huge draw card for me if I was eligible"

*What do you perceive to be the pitfalls of this proposed program?*

"I don't think that it addresses the source of the problem. I think that those who want to go rural, will go rural regardless. The issue is that there are not enough opportunities (especially specialist training pathways) to entice those that are ambivalent to the idea..."

"Working in the country is hard, especially with lack of resources, clinical support and training opportunities. These factors must also be addressed to create a more enticing environment."

"The pathway to becoming a Nurse Practitioner in rural and remote communities has so many barriers. There is not enough clinical supervision in these locations to upskill nurses to obtain this accreditation and reap the benefits of this scheme."

"This scheme will only perpetuate the issues that the workforce is already experiencing... healthcare professionals will go bush for the required period of time, but there is little there to entice them to stay for the long-run..."

"It would be good if the scheme was extended to include allied health professionals..."

"Offering this scheme only to doctors continues to broaden the divide between medical and allied health workers..."

## What do you see as some areas for improvement?

"This program is fabulous; however, a holistic approach needs to be taken to not only attract but retain staff... toxic work environments due to over-work and staff shortages make for unattractive options!"

"Students need greater exposure to rural placements throughout their clinical years of training... the number of placements does not reflect the current amount of interest..."

"There needs to be more opportunities to facilitate nurses living in rural and remote areas to progress to becoming a Nurse Practitioner..."

"We need more clear-cut pathways for pursuing rural career opportunities... perhaps also put in place some scaffolding for teaching / mentorship programs."

"This program should be extended to include other allied health care workers, including Indigenous Liaison Officers and Aboriginal Healthcare Workers..."

"There should be room for return of service to be accumulated over a more flexible timeframe... this would allow for individuals to accommodate for unforeseeable circumstances..."

"There should also be non-monetary support, such as improved access to resources, training and ongoing professional development..."

"I think that this program is a great start, however, there needs to be more opportunities to specialise in regional and rural areas..."

## Themes and Recommendations

After reading through and interpreting the results obtained from our survey, the NRHSN has identified THREE major themes pertaining to the rollout of the HELP Debt Reduction Scheme for Doctors and Nurse Practitioners:

1. Attractiveness
2. Inclusivity
3. Sustainability

### Attractiveness

The scheme is likely to have little appeal to healthcare workers who have no initial interest in working in regional, rural or remote communities. Rather, the scheme may act as a leverage to shift those "on the fence" students and employees towards working in the specified locations.

- ⇒ The interest to work in these areas must already exist, either through exposure through rural clinical placements, rural training opportunities in training etc.
- ⇒ Given the barriers for pursuing work in rural, regional and remote areas, the scheme is unlikely to address workforce shortages in rural and remote areas, but rather, condense the workforce to regional Australia.

### Inclusivity

The modern-day model of health care necessitates input from a multitude of healthcare professionals, including medical, nursing and allied health professionals. The current scheme serves to strengthen the divide that already exists between medical and allied health staff, by incentivising only a small sector of the rural workforce.

- ⇒ General practitioners cannot achieve their jobs in isolation; allied health workers are of equal importance for the prevention, maintenance and rehabilitation of unwellness.
- ⇒ Regional, rural and remote communities are lacking specialist health services as much as generalist health services; why are these professionals exempt from the benefits of the scheme?
- ⇒ We should be recognised as equals and work together towards the goal of a more unified and equitable workforce.

## Sustainability

Building a sustainable workforce in rural, regional and remote Australia requires more than just more workers, it requires healthy work environments and conditions, greater access to resources and more support of those involved.

- ⇒ Develop mentorship / training programs to facilitate professional and personal support.
- ⇒ Address rostering issues to avoid burnout, both physically and mentally.
- ⇒ Devote more money to gaining access to resources that healthcare workers need to fulfil their job.

## Summary

We thank you for taking the time to read and review this proposal. The NRHSN generally supports any scheme and / or policy that draws attention to the workforce shortages that exist in regional, rural and remote healthcare. However, as an organisation, we are obliged to voice the concerns and opinions of our student body, the majority of whom are representative of the future health workforce of Australia. Whilst the HELP-Debt Reduction Scheme provides a positive solution to one component of the workforce shortage, this policy alone is not strong enough to solve the problem in its entirety. More consideration should be had in terms of how this scheme can be extended to be inclusive of a greater workforce, as well as what systemic changes should be made to improve the environment in which all practitioners work and live.

We welcome any opportunities to discuss the information and survey data further.

## Contact us

National Rural Health Student Network

Suite 1, 53 Cleary Street

Hamilton NSW

02 8337 8100

[info@nrhsn.org.au](mailto:info@nrhsn.org.au)

[www.nrhsn.org.au](http://www.nrhsn.org.au)



## References

1. Department of Health. HELP Debt Reduction for Rural Doctors and Nurse Practitioners. Accessed June 25<sup>th</sup>, 2022. <https://www.health.gov.au/sites/default/files/documents/2022/02/fact-sheet-help-for-rural-doctors-and-nurse-practitioners-fact-sheet-help-for-rural-doctors-and-nurse-practitioners.pdf>
2. Department of Health. Modified Monash Model. Accessed June 25<sup>th</sup>, 2022. <https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm>
3. Clough B, Ireland M, Leane S, March S. Stressors and protective factors among regional and metropolitan Australian medical doctors: A mixed investigation study. *Journal of Clinical Psychology*. 2020;76(7):1362-1389. Accessed June 25<sup>th</sup>, 2022. URL: <https://doi.org/10.1002/jclp.22940>