

Media release — Monday 31 October 2011

## Rural doctors give troubled classification system a serious ‘hands down’ at national conference

A medico-political session at the recent national *Rural Medicine Australia* conference in Alice Springs has seen rural and remote doctors from across Australia again showing their strong concerns over the troubled Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.

When President of the Rural Doctors Association of Australia (RDAA), Dr Paul Mara, asked the 150 rural doctors at the session to raise their hand if they thought the ASGC-RA had been a positive development for their community, the room was silent and there was not a single hand to be seen.

Federal Minister for Indigenous Health, Warren Snowdon, and Federal Shadow Health Minister, Peter Dutton, were on-hand at the session and witnessed the strong message from the floor that the ASGC-RA has been bad news for many rural and remote towns.

The ASGC-RA is used to determine the level of relocation and retention incentives provided to doctors working in specific locations across Australia. However, it has lumped many small rural towns in the same category as large regional cities, meaning that doctors receive the same incentive whether they practise in the small towns or the big centres. As a result, many small rural towns are finding it much more difficult to attract doctors.

“The fact that, out of 150 rural doctors, none of them thought the ASGC-RA has been good for their town should send a strong message to the Federal Government—that the ASGC-RA simply doesn’t recognise the difference between providing medical services in small rural communities and larger centres, is causing rural practices and rural communities serious grief, and needs serious reworking” Dr Mara said.

“We are very pleased to see the recently announced Senate inquiry into the ASGC-RA and other rural health access issues, and will be keen participants in it. But we hope the Government also comes on board sooner rather than later to sort this whole mess out.

“We need a dovetailed approach to building the future rural doctor workforce, where the right training is followed by better recognition and support for the advanced training undertaken by rural doctors...and a classification system that recognises the rural difference.”

Dr Mara also used the medico-political session to reiterate RDAA’s call for the scrapping of a moratorium that requires overseas trained doctors to practise in rural and remote towns with workforce shortages for up to a decade before being allowed to practise elsewhere in Australia.

“We shouldn’t need to use a stick to get any doctor to work in the bush” he said. “If the federal and state governments can get the right rural incentives and supports in place, the carrots will be firmly lined up to attract more doctors to rural practice, whether they be Australian-trained or overseas trained—there won’t be the need for immoral approaches like the 10 Year OTD Moratorium.”

Dr Mara also used the session to recognise a number of good rural health policies and programs that have been delivered by both the federal Labor and Coalition governments in recent years, and recognised the hard work that both Minister Snowdon and Mr Dutton have been undertaking in their respective roles.

He also welcomed Minister Snowdon’s launch at the session of the National Health and Medical Research Council’s *Consensus-based clinical practice guideline for the management of volatile substance use in Australia* and the quick reference guide for health workers, *Caring for people who sniff petrol or other volatile substances*. Visit [www.clinicalguidelines.gov.au](http://www.clinicalguidelines.gov.au) (see Media releases and notices) for information on these new documents.

*Rural Medicine Australia* is the annual conference of RDAA and the Australian College of Rural and Remote Medicine. This year’s conference was held from Friday to Sunday in Alice Springs.

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**Available for interview:** RDAA CEO, Jenny Johnson, on 0429 931 120.  
**Media contacts:** Patrick Daley on 0408 004 890 or Ineke Kuiper on 0408 669 638.