

MEDIA RELEASE



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Rural review should be treated with caution

The Rural Doctors Association of Australia (RDAA) said the report signalling an end to the rural doctor drought raises more questions than it answers.

RDAA has warned that substantial work is needed to ensure that the predictive assumptions on which the review of rural medical workforce initiatives report is based are accurate.

Commissioned by the Australian Department of Health and Ageing and undertaken by Deloitte Access Economics, *Review of the Rural Medical Workforce Distribution Programs and Policies* emphasises the continuing and significant medical workforce maldistribution. The report was released under a Freedom of Information and reported in *The Australian*, less than two weeks after the date in the report.

Despite *The Australian* reporting that the doctor-to-population ratio was improving, the review found that people living in regional, rural and remote areas have considerably less access to medical services than the national average, and that access becomes increasingly worse with remoteness. It also acknowledges that it is difficult to provide an accurate trend regarding doctor shortages in areas that face constant shortages— many of which are rural and remote.

Of significant concern to RDAA is that the report relies heavily on the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system in making its findings.

Dr Paul Mara, RDAA President, said that RDAA had repeatedly criticised the ASGC-RA, which in their view severely distorts rural medical workforce statistics by classifying many small rural communities in the same category as large coastal and regional cities.

“This review uses the ASGC-RA system to analyse data between 2001 and 2008, before the ASGC-RA system was even adopted,” Dr Mara said.

“We have many examples of areas in which we think the ASGC-RA is wildly inaccurate, most notably that it classifies large cities such as Hobart, Cairns and Townsville as ‘inner’ or ‘outer’ regional. In fact, there are rural towns such as Cootamundra (classed Inner Regional, pop approx. 5,500) that are considered *less rural* than Cairns (classed Outer Regional, pop approx. 150,000).

“It is likely that if we were to drill down into the details of the review that we would see that the bulk of doctor increases are in Inner or large Outer Regional major centres, and not the smaller country towns that are still crying out for doctors with the skills and training to provide both primary care and hospital services.

“We know that in some of these large regional centres doctors are signwriting their cars and advertising for patients on TV. Clearly there is no significant shortage of doctors in these towns, but in most cases they will still have received a \$12,000 retention incentive last month because the classification does not reflect the true situation,” Dr Mara said.

RDAA also criticises the report for not considering other factors, such as the qualifications and skills of doctors that rural communities need.

“The rural doctor shortage is about more than just numbers—you can have 1,000 doctors turn up in a rural town, but unless they have the advanced skills and training needed to practise in the bush their benefit to the community will be limited,” Dr Mara said.

“This is because rural doctors are called on to provide complex primary care as a GP, but also after-hours and emergency care, often in isolation and far from major tertiary hospitals. Unfortunately some rural towns are now saturated with doctors who do not provide after hours or hospital based services and this puts increased pressure on the established practitioners who are capable of providing this advanced care.

“We are also very concerned about indications in the report that over half the projected medical workforce increases in rural and remote areas will be from overseas trained doctors.

“Many of these doctors do not have the advanced skills needed by their communities, have insufficient supervision and support,” Dr Mara said.

“In many cases the report raises more questions than answers, and it in no way decreases our concerns about maintaining the standard of health care in rural towns.

“We would also like to know how and why this report was released, when RDAA has had a FOI into the ASGC-RA internal review, without response, for considerably longer than it took for The Australian to get this report made public.”

Available for interview: Dr Paul Mara on 0466 665 933.
Alternative contact: Ineke Kuiper on 0408 669 638.