



Media release
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A line in the sand – medical services in Victorian towns affected by random zone boundaries

More examples of country towns disadvantaged by anomalous boundaries of the new system determining the incentives paid to rural doctors are emerging every day.

Medical practices in some rural towns are mere metres from a boundary that would mean they could offer greater incentives to attract and retain doctors than larger regional centres that are now classified the same.

Dr Paul Mara, President of the Rural Doctors Association of Australia, said that a cursory examination of the map showing the new Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system shows up numerous examples of boundary lines that are obviously wrong.

“There are many, many cases of boundary lines skirting the edge of town centres, meaning that if a medical practice was to move to another location in the same town – sometimes only as far as the opposite side of the street – they would change classification zones,” Dr Mara said.

“A move from an RA2 to an RA3 zone would mean that doctors in these small country town medical practices would receive greater incentives to work there than the larger regional centres, which are sometimes less than an hour down the road.

“If you were looking for a job in the country and saw that two towns, relatively close together, offered the same incentives, but one town had shops, restaurants and a choice of schools while the other had few of these things, greater responsibility and longer hours...which would you choose?” Dr Mara said.

Government officials informed RDAA last October that a technical review of the ASGC-RA was underway, but while it is getting close to a year later the review is still nowhere to be seen.

“These new boundary lines directly affect the health services available to communities, but have no basis in the reality of location of their current access to health care.

“Unfortunately, even though anyone with eyeballs can see these boundary lines are just a ‘line in the sand’, obviously in the wrong spot and actively disadvantaging some rural medical practices, this doesn’t seem to have had any effect on the Government’s promised review into the system.

“To get the system right, we need an urgent, full and independent public and peer review of the ASGC-RA,” Dr Mara said.

The ‘Stop the Rot!’ online roadshow regularly features case studies of affected rural towns at www.rdaa.com.au. See RDAA’s second case study for its ‘Stop the Rot!’ roadshow next page. See how your town fares! Visit www.doctorconnect.gov.au and search the map for its ASGC-RA classification.

First contact for interviews: Dr Paul Mara on 0466 665 933

Media contacts: Patrick Daley on 0408 004 890 (Mon-Wed) and Ineke Kuiper on 0408 669 638 (Thu-Fri).



Case study 3

Country Victorians disadvantaged by a line on a map

The number of voices calling for a review into the ASGC-RA is growing into a chorus as the number of rural towns disadvantaged by anomalous boundary lines defining their ASGC classification is becoming clear. In many cases, the boundary between RA2 and RA3 zones are mere metres from the location of a town's medical practice. There are often less incentives paid to doctors working in smaller rural towns than are paid to doctors in larger regional centres that may only be a 30 minute drive up the road. These anomalous boundary lines are making it even harder for small towns to attract doctors to work in their communities.

Town: Inglewood

ASGC-RA classification: RA2 (inner regional) – same as Hobart and major regional centres such as Bendigo One classification step less remote than Cairns, Townsville and Darwin.

Inglewood is a small rural town of less than 1,000 people located around 45km north west of Bendigo and 185km northwest of Melbourne. Inglewood was previously classified as RRMA 5 (Other rural centre with urban centre population <10,000). Now Inglewood is RA2 (Inner Regional). The nearby town of Bendigo (a 45 minute drive away), with a population of more than 90,000 is also classified RA2.

The scope of practice for a GP at Inglewood and a GP at Bendigo is not the same. Inglewood Medical Practice is the only practice located in the town and GPs working there provide 24 hour on site accident and emergency care to rural community in and around the town. They also provide 24 hour care to acute inpatients, nursing home and hostel residents.

Inglewood is located on the boundary of RA2 (Inner Regional) and RA3 (Regional) ASGC zones. If the Inglewood Medical Practice moved around 250 metres east, it would be located in a RA 3 region. This would mean that doctors would receive an increase relocation and retention payments that would increase the towns competitiveness against the larger regional centre of Bendigo.

Town: Stawell

ASGC-RA classification: RA2 (inner regional) – same as Hobart and major regional centres such as Bendigo One classification step less remote than Cairns, Townsville and Darwin.

Stawell is a small community of around 6,000 people located 237 km from Melbourne, 124 km from Ballarat and 68 km from Horsham. Stawell was previously classified as RRMA 5 (Other rural centre with urban centre population <10,000) and is now RA2 (inner regional), the same as Ballarat.

Ballarat has a population of around 96,000 and was previously classified RRMA 3 (Large rural centre / urban centre population 25,000 - 99,999), but is now classified RA2, the same as Stawell. Doctors will now receive the same incentives to work in either of these towns, despite Ballarat being a much larger centre with many more supports for doctors available.

Horsham, a larger regional centre than Stawell with a population of around 14,000, is only 68km away and but classified as RA3 (Regional). Stawell town centre is less than 2km away from the RA3 border.

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