



Media release  
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## More Aussie towns big losers under troubled classification system

More small rural towns across Australia are now big losers under the Federal Government's troubled Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system.

The Rural Doctors Association of Australia (RDAA) today released more case studies of towns that are being unfairly impacted by the ASGC-RA, this time in NSW, Victoria and Western Australia.

Amongst other things, the ASGC-RA is used to determine the relocation and retention incentives that doctors receive for working in particular locations. The problem is that the ASGC-RA lumps many small rural towns in the same classification category as the large regional cities and even Hobart (ASGC-RA 2 – Inner Regional), or just one classification step removed from these large centres (ASGC-RA 3 – Outer Regional).

This means that doctors receive the same (or very similar) relocation and retention payments whether they practise in the smaller towns or the larger cities. When you take into account all the professional and family supports—and little, if any, on-call responsibilities—the cities offer, this makes it extremely difficult for small rural towns to compete for much-needed doctors.

“RDAA asked its members for feedback on the ASGC-RA and has received complaints about the system from rural doctors in every state of Australia” acting RDAA President, Dr Nola Maxfield, said.

“Without question, their main concern is how difficult this system is making it to attract new doctors to their towns, given they are now competing with major regional cities, including in pristine coastal locations.

“The inherent problem with the ASGC-RA is that it is based only on the physical distance to the nearest urban centre—it ignores key parameters such as the health needs and socio-economic status of the local population, the availability or otherwise of local health services, and whether the number of local health professionals is adequate or inadequate for a particular town's needs.

“Having worked as a rural doctor for 26 years, I can't think of a more rewarding career choice.

“But with younger doctors realising they will receive the same incentive payments whether they practise in a small town or a large city—and that in the city they will also have additional supports like a major hospital and little, if any, on-call work—it is easy to see why rural towns just can't compete while the ASGC-RA is like it is.

“This system is completely wrong and the Government urgently needs to get it right. We continue to call for a full and independent review of the ASGC-RA.”

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The 'Stop the Rot!' online roadshow regularly features case studies of affected rural towns at [www.rdaa.com.au](http://www.rdaa.com.au). See RDAA's fourth case study for its 'Stop the Rot!' roadshow next page. See how your town fares! Visit [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au) and search the map for its ASGC-RA classification.

**Media contacts:** Patrick Daley on 0408 004 890 (Monday to Wednesday)  
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## Case study 4

# Australia-wide dissatisfaction with the ASGC-RA

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The serious anomalies in the ASGC-RA classification system are being felt across the country. Many rural doctors are voicing their concerns, saying it is now much harder to attract much-needed doctors to their small rural towns. Here are some more examples of the negative impacts that the ASGC-RA is having across rural Australia:

### Town: Scone (NSW)

#### ASGC-RA classification: RA 2 (Inner Regional)

Scone is 255km from Sydney, with a population of around 5000 people and a small 36 bed hospital. It is classified as an RA2 (Inner Regional) location. This is the same classification as the city of Tamworth (population 50,000) which is 2½ hours north, has a base hospital with resident doctors and an Intensive Care Unit, and city infrastructure and services! Only metres from Scone Memorial Hospital, the ASGC-RA boundary changes to RA3 (Outer Regional). The medical practice at Scone believes the ASGC-RA has seen qualified doctors and registrars actively seeking rural placements in almost urban areas close to Sydney (eg. Dora Creek, Nelson Bay and South Lake Macquarie) that are also classified as RA2. The practice was always struggling to recruit enough doctors, particularly for the after-hours hospital emergency roster. The new ASGC-RA system has made this even harder.

### Town: Stawell (Victoria)

#### ASGC-RA classification: RA2 (Inner Regional)

Stawell is a small community of around 6000 people, and is located 237km from Melbourne and 124km from Ballarat. It is classified as an RA2 (Inner Regional) location. This is the same classification as Ballarat (population 96,000) which is 120km closer to Melbourne and has a base hospital! Stawell now has to compete with this larger, better-supported centre for doctors, while only being able to offer the same relocation and retention incentives. The RA3 (Outer Regional) boundary is less than 2km from the Stawell town centre.

### Region: Pilbara (WA)

#### Towns: Karratha, Roebourne, Wickham and Dampier

**Karratha (classified as RA4 — Remote)** is a mining town of around 11,500 people and more than 1500kms north of Perth. A number of smaller towns are close to Karratha. **Roebourne (classified RA5 — Very Remote)** has a population of around 950 and is about 38km from Karratha. Roebourne has a hospital, a couple of GPs and some visiting allied health professionals. **Wickham (RA4)** has a population of around 1800 (and growing) and also provides medical services for more than 500 residents from Point Samson, 20km away. Ironically, Wickham is further by road from Karratha than Roebourne, yet it is classified as being *less remote* than Roebourne. There is one GP at Wickham, no hospital and no resident allied health professionals (a physio visits one morning a week only). The town has struggled to get another GP for the past nine months. **Dampier (RA4)** is 20km from Karratha, has a resident population of around 1300 and is close to large mining-related sites that have a daily workforce of over 20,000 workers). Dampier used to have a hospital, three GPs and a pharmacy, but now has no hospital, no GPs, no pharmacy and no allied health professionals. Surely if Roebourne is far enough from urban centres to be classified as RA5 (Very Remote), then Karratha, Wickham and Dampier should also be classified as Very Remote? At the very least, Wickham—which is further by road from Karratha than Roebourne—should have the same classification as Roebourne.

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