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Changed rural classification system – just what the doctor ordered

Rural doctors say urgent action is needed to change the flawed ASGC-RA classification system that has made it even more difficult for many rural towns to recruit and retain doctors.

The Rural Doctors Association of Australia welcomes the Federal Government's announced intention to change the system, but is adamant that swift action is needed, following the long period of inaction on this issue.

Dr Sheilagh Cronin, President of the Rural Doctors Association of Australia (RDAA), said that after years of lobbying she was relieved that common sense had finally prevailed.

"RDAA welcomes the release today of the findings of the Mason review of health workforce programs, and the news that an improved rural classification scheme, aimed at better directing federal government incentives to actual rural towns, is on the way," Dr Cronin said.

"This announcement is well overdue and we need to act quickly to implement these much needed changes before we lose more doctors out of the rural towns that so badly need them.

"The classification system is used to encourage doctors to work in rural and remote communities that may face challenges attracting and retaining a medical workforce otherwise.

"This is done by the allocation of workforce incentives and grants provided to those doctors who practise in these towns.

"A system that cannot tell the difference between Coff's Harbour and Gundagai is a major problem, and that is what we've been dealing with under the current ASGC-RA," Dr Cronin said.

The Australian Standard Geographical Classification – Remote Areas (ASGC-RA) has resulted in major health funding blowouts by investing scarce health dollars on incentives for doctors and practices located in well-serviced cities such as Hobart and Townsville.

These large coastal cities have an abundance of doctors, and many smaller rural communities, where the incentives are most needed, are missing out because there are fewer doctors on the ground resulting in poorer health outcomes.

"Rural practice is both a challenging and rewarding career that is very different to urban practice, but the reality is that different locations vary in their level of attractiveness to doctors," Dr Cronin said.

"In smaller rural communities, where doctors provide full-time practice and hospital-based services, the workload can impose significant demands on them and their families.

“These towns need greater support to ensure there are enough doctors to provide this level of care 365 days a year, without burning out.

“We welcome the commitment from the Federal Government to consult with key stakeholders about changes to the classification system and we ask that it be given top priority so as to provide some relief to those communities disadvantaged under the current system,” Dr Cronin said.

“We are also pleased to see recommendations that recognise the importance of longitudinal rural training experiences (that ensure doctors in training spend more time in rural areas), integrated rural training pathways and supports for rural doctors and rural practices.”

RDAA will be looking more closely at the recommendations in the report of the Mason Review in the coming days.

Available for interview: RDAA CEO Jenny Johnson on 0429 931 120
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Alternative media contacts: Patrick Daley on 0408 004 890 (Monday to Wednesday)
Ineke Kuiper on 0408 669 638 (Thursday and Friday)

Find RDAA's Election Platform 2013 at www.rdaa.com.au (go to Quick Links on the home page).

A photo of Dr Cronin is available here for media use:
<http://www.rdaa.com.au/Uploads/Images/Dr%20Sheilagh%20Cronin%20-%20resized.jpg>