

# MEDIA RELEASE



Tuesday 2 February 2010

## Rural doctors call for urgent solutions in 2010 budget submission

**The Rural Doctors Association of Australia (RDAA) is urging the Federal Government to make a significant investment in some of the most critical areas of rural healthcare in its May budget, warning that failure to do so will severely compromise the ability of many rural communities to attract and retain much-needed doctors.**

RDAA says that while some additional Federal Government funding for rural healthcare in the past few years has certainly been welcome, it is far short of the significant investment required to resolve the critical shortage of rural doctors across Australia. In its federal budget submission for 2010—lodged last Friday—RDAA has called for:

- Urgent amendments to the Australian Standard Geographical Classification - Remoteness Areas system (ASGC-RA)—due to replace the existing Rural, Remote and Metropolitan Areas (RRMA) classification system from 1 July—so doctors in smaller rural communities are encouraged to remain there rather than move to larger centres. Under ASGC-RA, many small rural towns will be re-classified as inner regional locations rather than more remote locations. This will mean the same level of federal relocation and retention payments for doctors will apply whether those doctors practise in the larger regional centres (and even Hobart) or the more remote townships. RDAA is calling for the ASGC-RA's "inner regional" classification to be further refined, so smaller and more remote communities can continue to attract higher relocation and retention payments and hence remain competitive against larger locations in attracting doctors.
- The urgent introduction of a much-needed Rural Rescue Package to get and keep more doctors in the bush. This would include both a Rural Isolation Payment to all rural doctors to reflect the isolation associated with rural practice and a Rural Procedural and Emergency/On Call Loading to better support rural procedural doctors who provide obstetric, surgical, anaesthetic or primary emergency on-call service in rural communities. RDAA and AMA first called for the introduction of such a Package in 2007.
- The provision of free healthcare and public education for overseas trained doctors (OTDs) and their families. Currently OTDs, their spouses and children are not entitled to free healthcare through Medicare (even though their patients are), and in most states they cannot access free public education.
- Scrap the requirement for rural general practices to pay tax on funding provided through the Federal Government's National Rural and Remote Health Infrastructure Program (NRRHIP) to build or expand rural medical practice infrastructure. While this funding aims to assist rural general practices to develop their practice infrastructure, the fact that it is then taxed at up to 45% is creating a significant disincentive for practices to apply for it. RDAA is arguing that given local government and Divisions of General Practice are also eligible for the funding but do not have to pay tax on it, neither should rural practices have to.

"As Australia gets closer to election day, the forthcoming budget provides a critical opportunity for the Federal Government to put its stamp on rural healthcare and show the one-third of Australians who live in the bush that it really means business when it says it wants to fix the rural health crisis" RDAA President, Dr Nola Maxfield, said. "We really hope this year's federal budget provides the significant investment that is so badly needed for rural healthcare rather than simply paying lip service to the problem."

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**RDAA's full budget submission can be found at [www.rdaa.com.au](http://www.rdaa.com.au) (go to Submissions)**

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