

# MEDIA RELEASE



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## Doctors paid incentives to move to country towns like...Hobart?

**The Rural Doctors Association Australia (RDAA) is calling for a review of a new government program designed to encourage doctors into rural areas that will today start compensating them for the hardship of practising in cities like Hobart.**

The new financial year sees the start of the Government's new 'General Practice Incentives Program' designed to encourage doctors to practise in rural areas. Under this program, doctors are encouraged to move to regional areas with a relocation allowance, and to stay there with retention payments that increase the longer they stay.

Dr Paul Mara, RDAA Vice President and GP from the NSW country town of Gundagai, said that while idea was good – with payments increasing with the level of isolation – the program falls to pieces when put into practice as with so many of this government's programs (think insulation bats).

"The problem is in the classification system," Dr Mara said, "The zones are completely ridiculous, based on some statistical data from the ABS Remoteness Areas (RA) system and have no real bearing on the actual isolation or the level of health services available to the area.

"For example towns like Gundagai, Echuca, Dalby and Tumut are classed as RA2, and treated as equally isolated as Hobart, which is also RA2. As far as I can see the only similarity between Tumut and Hobart is that they are both cold and have good access to a mountain with snow on the top.

"The idea that a doctor should be paid for the inconvenience of living in the city of Hobart – with its markets, great restaurants, a casino, private schools and a large tertiary hospital serviced by specialists – compared to Tumut, that has nothing but a rundown hospital almost 100 years old is beyond belief.

The new system has already affected Dr Mara, with his Gundagai practice recently being told they will lose a highly qualified doctor because she could not study under the Remote Vocational Training Scheme (RVTS) because Gundagai is a RA2 town and not deemed isolated enough.

"She will be moving to Gunnedah, which is RA3, where she will be eligible for the RVTS despite the fact it is four times larger than Gundagai, has more facilities and is closer to Tamworth than Gundagai is to Wagga Wagga," Dr Mara said.

"Worse, she could have moved to Townsville or Cairns, also classed RA3, where she could not only receive the higher level of incentive payments than we can in Gundagai, but she could have enjoyed life on the beach at the same time!"

The Rural Doctors Association of Australia (RDAA) is calling for the government to modify this classification system to reflect the actual health services available to these rural communities.

"If you look at the boundaries of the RAs many of them make no sense at all," RDAA CEO Steve Sant said.

"Not only are there obvious misclassifications such as those mentioned by Dr Mara, but there are other anomalies, such as boundaries that run right through a town.

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“In Hay for example, if a doctor opens a practice next to the hospital it would be classed as RA3, but if they were to move 50 metres across the old railway track, it would be deemed more remote and classed as RA4 and therefore eligible for significantly higher payments from the Government.

“The current classification system will not support many of the doctors providing healthcare to small rural communities, and needs to be addressed by the Government as a matter of urgency,” Mr Sant said.

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**Available for interview:** Dr Paul Mara 0412 486 536 and RDAA CEO, Steve Sant, on 0419 770 010

**Alternative media contact:** Ineke Kuiper on 0408 669 638.