



MEDIA RELEASE – James Harker-Mortlock – Independent for Hume – Tuesday 16th April 2013

BAD DATA IS HOLDING BACK SUPPORT FOR RURAL GENERAL PRACTICES

“Rural General Practice and rural procedural medical services are suffering due to the continued use of out-dated statistical data.”, James Harker-Mortlock, independent candidate for Hume said this morning. *“I support the call by the Rural Doctors Association for an overhaul the current ASGC-RA classification system which determines the level of support and incentives provided to doctors prepared to practise in rural areas.”*

The Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) is a geographic classification system developed in 2001 by the Australian Bureau of Statistics (ABS). It is a statistical geography structure aimed at allowing quantitative comparisons between 'city' and 'country' Australia.

ASGC-RA classifies data from census Collection Districts (CDs) into broad geographical categories, called Remoteness Areas (RAs). The RA categories are defined in terms of 'remoteness' - the physical distance of a location from the nearest Urban Centre (access to goods and services) based on population size.

ASGC-RA does not discern between small country towns and larger centres. For example, Cowra is placed in the same category as Orange, despite the significant differences in their population and available health services. Under the current scheme a doctor will receive no more incentive to move to Cowra than to move to Orange.

In July 2008, the Australian Government announced a review of all remoteness classification systems to ensure that incentives and rural health policies respond to current population figures and areas of need. The results of this review are not yet available.

“There is no reason for further delay in releasing the results of this review. We need to be using the best data available so that we can incentivise doctors to establish their practises in areas of most need. We must also restore funding levels for the Practice Incentives Program (PIP)” Mr. Harker-Mortlock said.

The PIP is aimed at supporting general practice activities that encourage continuing improvements in the quality of care, capacity to provide care, access to services and health outcomes for patients.

“We need to support our rural medical practices as they are often the only form of medical assistance available in a country town. This must form one part of a program to rebuild our rural communities by extending government activity into regional areas. We must turn back the tide of the last thirty years of driving people into the cities”, Mr. Harker-Mortlock said. ENDS

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