



**RURAL DOCTORS  
ASSOCIATION  
OF AUSTRALIA**  
*Caring for the Country*

The Hon Tanya Plibersek MP  
Minister for Health  
PO Box 6022  
House of Representatives  
Parliament House  
CANBERRA ACT 2600

27 April 2012

Dear Minister

I write in regard to a recent letter sent by the Department of Health and Ageing to Dr Les Woollard from Moree.

The letter advises Dr Woollard that the Department has miscalculated the amount of the Rural Retention Grant (RRG) for which his practice is eligible, and requests that an amount of \$18,000 be repaid.

Dr Woollard informs me that he has discussed the contents of the letter with the appropriate officers from the Department. In the wake of that discussion, he is not disputing the fact that there has been an error and that repayment of the amount requested is required, although it is unfortunate that such an error was made.

However, the error has inflamed the sense of frustration shared by Dr Woollard and his colleagues about the anomalies in the current ASGC-RA classification system and the impact that these anomalies are having on the doctors, practices and communities which are affected.

Moree is a rural community which is on the brink of a medical workforce crisis. When Dr Woollard spoke to me, he had just worked almost around the clock, responding to a number of serious emergency and obstetric cases in addition to his normal workload. There are shortages of appropriately-trained doctors in the Moree area, and he and his colleagues are experiencing enormous difficulties in recruiting and retaining doctors.

You may recall that the particular plight of the medical workforce in Moree was described by another doctor from Moree, Dr Maxine Percival, in her address at the RDAA breakfast for MPs which was held earlier this year. Dr Percival has since decided that she can no longer work under such pressure, and she has indicated that she will be leaving Moree later in the year.



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What was uppermost in Dr Woollard's mind during his conversations with me and with the Department was that there are doctors in major regional centres such as Townsville and Cairns (where there are many more GPs who are supported by relatively large hospitals with well-staffed emergency facilities and specialist back-up) who are receiving the same level of RRGs as he and his overworked and more isolated colleagues in Moree, where they provide primary and secondary care as well as after-hours and emergency services.

The anomalies in the ASGC-RA system and the reluctance to date to address this issue is sending a clear message to doctors working in the small rural communities that are affected by these anomalies that their work is not valued. Many of these doctors have lived and worked in their communities for a long period of time. They are becoming increasingly disenchanted and frustrated by the lack of recognition and response to this issue. Unfortunately, many are starting to wonder if they too should relocate to an area where there is more support and where the lifestyle is easier in many respects.

We do not begrudge recognition for any doctor who is working in a regional, rural or remote area of Australia. However, this recognition needs to be better targeted so that it provides appropriate incentives and rewards for doctors to relocate to work in rural and remote areas, and to remain there.

RDAA continues to call for an independent review of the ASGC-RA system which also addresses the identified anomalies. We request that you address this issue as a matter of high priority, and we are willing to work with you and with your office to facilitate this process and to develop some practical solutions.

Thank you for considering our request, and we look forward to your response.

Yours sincerely

*Jenny Johnson*

Chief Executive Officer

cc: *Hon Peter Dutton MP*  
*Mr Andrew Laming MP*  
*Senator Fiona Nash*  
*Senator Richard di Natale*  
*Mr Tony Windsor MP*  
*Ms Kirsty Faichney (Manager, Rural and Regional Health Agency)*